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UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

BEFORE THE HONORABLE VAUGHN R. WALKER

KRISTIN M. PERRY,
SANDRA B. STIER, PAUL T. KATAMI,
and JEFFREY J. ZARRILLO,

Plaintiffs,

VS.

NO. C 09-2292-VRW

ARNOLD SCHWARZENEGGER, in his
official capacity as Governor of
California; EDMUND G. BROWN, JR.,
in his official capacity as
Attorney General of California;
MARK B. HORTON, in his official
capacity as Director of the
California Department of Public
Health and State Registrar of
Vital Statistics; LINETTE SCOTT,
in her official capacity as Deputy
Director of Health Information &
Strategic Planning for the
California Department of Public
Health; PATRICK O'CONNELL, in his
official capacity as
Clerk-Recorder for the County of
Alameda; and DEAN C. LOGAN, in his
official capacity as
Registrar-Recorder/County Clerk
for the County of Los Angeles,

Defendants.

San Francisco, California
Thursday
January 14, 2010

TRANSCRIPT OF PROCEEDINGS

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Official Reporters - U.S. District Court

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P R O C E E D I N G S

JANUARY 14, 2010

1:00 P.M.

THE COURT: Mr. Boutrous, your next witness, please.

MR. DUSSEAUT: Your Honor, the plaintiffs call
Dr. Ilan Meyer.

THE CLERK: Raise your right hand, please.

ILAN MEYER,

called as a witness for the Plaintiffs herein, having been
first duly sworn, was examined and testified as follows:

THE WITNESS: I do.

THE CLERK: Thank you.

State your name, please.

THE WITNESS: Ilan Meyer.

THE CLERK: And spell your last name.

THE WITNESS: M-e-y-e-r.

THE CLERK: Your first name.

THE WITNESS: I-l-a-n.

THE CLERK: Thank you.

DIRECT EXAMINATION

BY MR. DUSSEAUT:

Q. Good afternoon, Dr. Meyer.

A. Good afternoon.

Q. I would like to start asking you a few questions about
your educational background. Where did you receive your

1 undergraduate degree?

2 **A.** I received a B.A. from Tel Aviv University in Israel. I
3 received a B.A. from Tel Aviv University, in psychology and
4 special education.

5 **Q.** Do you have a master's degree?

6 **A.** Yes. I received a master's degree in psychology from the
7 New School for Social Research in New York City.

8 **Q.** Did you do a predoctoral fellowship of any kind?

9 **A.** Yes. After the master's degree, I moved to a doctoral
10 program at Columbia University. And during this program, I had
11 a National Institute of Mental Health Fellowship in psychiatric
12 epidemiology.

13 **Q.** What is psychiatric epidemiology?

14 **A.** Psychiatric epidemiology is the study of mental disorders.
15 We are interested in patterns of mental disorders, causes of
16 mental disorders, risks for mental disorders. Very much like
17 epidemiology of infectious diseases, where we are looking at
18 the infections, but this is concerning psychiatric disorders
19 such as depression, anxiety, and so forth.

20 **Q.** Dr. Meyer, do you have a Ph.D.?

21 **A.** I do.

22 **Q.** From where did you receive it?

23 **A.** From Columbia University.

24 **Q.** When did you receive it?

25 **A.** In 1993.

1 Q. And in what field did you receive your Ph.D.?

2 A. The department where I got the Ph.D. is called
3 Sociomedical Sciences. It's a department that brings together
4 people from various social sciences and studying of public
5 health problems or public health issues. In my case, mental
6 disorders. But other people may study other types of
7 disorders.

8 Q. And did you do a doctoral dissertation?

9 A. I did.

10 Q. What was the title of it?

11 A. The title of it was, "Prejudice and Pride. Minority
12 Stress and Mental Health in Gay Men."

13 Q. Did it receive any awards?

14 A. It was chosen for distinction by the University, which is
15 given to the top 10 percent of dissertations at the university,
16 Columbia University.

17 Q. Did you do any postdoctoral fellowship?

18 A. I did. After finishing my Ph.D., I did three years of
19 postdoctoral work. They were funded also by the National
20 Institutes of Health, or NIH.

21 The first one was a two-year postdoctoral fellowship
22 at City University of New York, the graduate center. And that
23 was in health psychology.

24 The second one was at Memorial Sloan-Kettering. And
25 that was in HIV, AIDS and psychiatry.

1 Q. Dr. Meyer, let's talk a bit about your employment. What's
2 your current employment position?

3 A. I'm an associate professor at the Department of
4 Sociomedical Sciences, the same department where I graduated.
5 I'm also the executive chair for the department, in charge of
6 our masters program, which has about a hundred students a year
7 entering to this master's degree.

8 Q. This is at Columbia University?

9 A. Exactly.

10 Q. At the Mailman School of Public Health?

11 A. Yes.

12 Q. Do you chair any programs within your department?

13 A. Yes. Well, first, I co-chair what we call the steering
14 committee for the school, entire school. That is the School of
15 Public Health.

16 And the steering committee is a faculty committee
17 that represents the academic and other issues that the faculty
18 has, in terms of the direction of the school and in terms of
19 programs and so forth. So we -- so I'm a co-chair of that
20 committee.

21 I also chair the departmental committee on M.P.H.,
22 master's of public health degree. As I said, I'm in charge of
23 that program.

24 I'm also involved or sit in our curriculum committee,
25 which is the committee that determines what the students should

1 learn in terms of receiving their degrees.

2 I probably have some other committees that I am on.

3 That's quite a bit of --

4 Q. That's a good start. Thank you.

5 What year did you join the faculty of Columbia
6 University?

7 A. My first appointment, in '94. But that was while I was
8 still doing my postdoctoral degree. But I think my full-time
9 appointment is in '96.

10 Q. And you've been there consistently?

11 A. Yes.

12 Q. Let's talk a little bit about what you do professionally.
13 Has your professional -- let me step back.

14 It's been close to 20 years since you got your
15 doctorate?

16 A. It is.

17 Q. Has the professional work you've done over that period
18 focused on any particular topics?

19 A. Yes. My area of study I would define as social
20 epidemiology. The terms that are maybe not that
21 self-explanatory, but if I had to explain it, I study the
22 relationship between social issues, social factors in our --
23 the structure of our society, and the way things happen in our
24 society, and health patterns, health outcomes. And,
25 specifically, mental health outcomes.

1 Q. And that's within the field of social epidemiology?

2 A. That's within the field, I guess, of psychiatric
3 epidemiology. And social epidemiology would be one approach
4 within that field.

5 THE COURT: Let me see if I have that. Your area of
6 study is the relationship of social structures and mental
7 health outcomes?

8 THE WITNESS: Yes, within psychiatric epidemiology,
9 which more broadly discusses and studies patterns and causes of
10 mental disorders.

11 THE COURT: Fine.

12 BY MR. DUSSEAUT:

13 Q. Dr. Meyer, could you please tell the Court, has your work
14 focused on any particular groups of the population?

15 A. Yes. Most directly, I have been studying lesbian, gay,
16 and bisexual populations within this area.

17 I have also studied other populations. I have
18 studied African-Americans. I have studied other issues, such
19 as asthma and HIV. But most of my work has been on lesbian,
20 gay, bisexuals and mental health issues.

21 Q. Have you made any presentations at professional
22 conferences in the course of your work?

23 A. Yes, I have made many presentations. I think most of them
24 are listed in my CV, but maybe not all the major ones. I would
25 say there were over 40 listed there.

1 Q. Okay. Have you received any research grants, sir?

2 A. Yes, I've received funding for my research. Currently,
3 I'm a recipient of the Robert Wood Johnson's Foundation's
4 Health Policy Investigator Award.

5 I've received, in the past, grants from the National
6 Institutes of Health, and the National Library of Medicine,
7 from New York State Department of Health, from private
8 foundations, et cetera.

9 Q. Have you received any awards for your professional work?

10 A. I have.

11 Q. What are some of those?

12 A. Well, I guess, most recently, I received an award for
13 distinguished scientific contribution from the American
14 Psychological Association's Division 44, which is a division of
15 the American Psychological Association that concerns gay,
16 lesbian, and bisexual health.

17 Q. Have you been a reviewer or editor of any publications?

18 A. Many times. That's part of what we do. I've reviewed
19 many manuscripts that were to be published and would -- would
20 assess them for their value, and recommend to the editor
21 about -- and critique the manuscripts, and so forth.

22 I've also been a guest editor on a couple of
23 journals. A major one was when I was invited to guest edit the
24 American Journal of Public Health, special issue on lesbian,
25 gay, bisexual and transgender health.

1 This was the first issue that was published on the
2 topic by the *American Journal of Public Health*, which is a very
3 prestigious journal. It's been around for, I would say, close
4 to a hundred years.

5 It was a very successful issue. It actually is the
6 first issue that sold out, in the memory of anybody. Which is
7 a very rare thing for a scientific journal.

8 **Q.** Not the highest circulation.

9 (Laughter)

10 **A.** No. After that, I edited or co-edited another journal.
11 Again, this is a special issue of a journal, so the journal is
12 published regularly. But I, in this case, edited a special
13 issue of *American Journal of Public Health*.

14 And the second one was a journal that's called *Social*
15 *Science in Medicine*. In that case, I co-edited with two
16 colleagues a special issue that focused on prejudice and
17 stigma, and their impact in public health, and different issues
18 within public health of how we should think about prejudice and
19 stigma.

20 **Q.** Have you edited any books, sir?

21 **A.** Yes. The I -- in part, because of the success of *American*
22 *Journal of Public Health* issue, I was invited by editors in
23 Springer Publication -- at the time it was *Clure* -- and they
24 asked me to edit a book on lesbian, gay, bisexual and
25 transgender public health issues, which I did with a co-editor

1 also.

2 Q. And have you written any articles?

3 A. Yes. I have written articles, both peer-reviewed articles
4 and articles that were more of a commentary or editorial
5 nature, and chapters, and so forth.

6 Q. Can you approximate how many articles you've written?

7 A. I think there are 44 peer-reviewed articles listed on my
8 CV right now. And maybe 12 other types, commentaries, and so
9 forth.

10 Q. Dr. Meyer, do you teach students as part of your position
11 at Columbia?

12 A. Yes.

13 Q. What courses do you teach?

14 A. Currently, I teach three courses. Not at the same time,
15 but there are three courses I currently teach. The first one
16 is a course in research methodology, such as how to conduct
17 surveys, and things like that.

18 The -- that's a required course for our students.

19 There are also two seminars that I teach. One is called,
20 "Prejudice, Stigma, and Discrimination as Social Stressors."

21 And that one is a course on gay and lesbian issues in
22 public health.

23 Q. Dr. Meyer, you have a witness binder in front of you. If
24 you could turn to the very last tab, which is Plaintiff's
25 Exhibit No. 2328.

1 A. Yes.

2 Q. If you could take a look at that document.

3 A. That's my CV.

4 Q. That's your CV. That was my question.

5 MR. DUSSEAUT: Your Honor, plaintiffs would tender
6 Dr. Ilan Meyer as an expert in public health, with a focus on
7 social psychology and psychiatric epidemiology.

8 THE COURT: Voir dire?

9 MR. NIELSON: No objection to (inaudible).

10 THE COURT: No objection to him being qualified to
11 offer his opinions?

12 MR. NIELSON: No objection to him being qualified as
13 an expert (inaudible).

14 THE COURT: Very well.

15 MR. DUSSEAUT: And, Your Honor, with respect to the
16 exhibits, to try and keep things efficient, what we have done
17 is, counsel and I have agreed on a list of documents that will
18 be admitted together.

19 I understand that list has been provided to you and
20 to the clerk. And I'm happy to read them, if it would be
21 better for you, but we could just agree -- I suspect it's not.
22 We could agree that those documents will be admitted.

23 THE COURT: This is five pages.

24 MR. DUSSEAUT: It is. 49 exhibits, I believe.

25 THE COURT: 49 exhibits. If there is no objection,

1 each of these will be admitted.

2 **MR. NIELSON:** No objection, Your Honor.

3 **THE COURT:** Thank you, Counsel.

4 (Plaintiffs' Exhibits 900, 922, 923, 926, 927, 955,
5 962, 973, 974, 975, 976, 978, 979, 980, 981, 982,
6 983, 984, 987, 988, 989, 990, 991, 992, 993, 994,
7 995, 996, 997, 998, 999, 1002, 1003, 1004, 1005,
8 1008, 1010, 1011, 1012, 1013, 1014, 1015, 1016, 1020,
9 1168, 1374, 1378, 1471 and 2328 received in
10 evidence.)

11 **BY MR. DUSSEAUT:**

12 **Q.** Two straightforward questions about those exhibits that
13 were just admitted into evidence.

14 With the exception of three of them, which are
15 Exhibits 973, 975, and 976, is it true that each of the
16 documents that has just been admitted into evidence, that's in
17 your binder, is a document that you've relied on in forming the
18 opinions that you intend to offer in this case?

19 **A.** Yes. Based on my examination of this previously, yes.

20 **Q.** And the three exhibits that I mentioned, 973 -- you can
21 take a look at them, if you like -- 973, 975 and 976, those are
22 documents that came up in the course of your deposition
23 testimony in this case and that were referenced by you in that
24 testimony?

25 **A.** Yes. What was the third one? I'm sorry.

1 Q. 976.

2 A. Okay. Yes, that is correct.

3 Q. Now, Dr. Meyer, do you intend to offer any opinions in
4 this litigation here today?

5 A. Yes, I do.

6 Q. What opinions do you intend to offer?

7 A. Well, my opinion really describes the work that I've been
8 doing, as I described it earlier. And I would say there are
9 three elements there.

10 The first one is on the nature of stigma. And I will
11 testify to the effect of stigma on gay and lesbian populations
12 with reference to Proposition 8 as an example of a stigma.

13 The second part will describe a model of minority
14 stress that is a model that I am credited with authoring, and
15 has been referred to in much of the literature on gay and
16 lesbian health. And I will describe how social stressors
17 affect gay and lesbian populations.

18 And the third part describes the effect of those
19 stressors on health, in particular mental health.

20 Q. And on what do you base the opinions that you're going to
21 testify about today?

22 A. As I've said, this is a topic of my study for, as you
23 said, for the past 20 years; really, since my work on my
24 dissertation. And the opinion is based on many research
25 articles, both -- some that I've conducted myself, and many

1 more that were conducted in the field over many years. And I
2 rely on -- on this body of evidence.

3 A sample of it, I guess, would be what you offered as
4 an exhibit, which is what I relied on in writing a report
5 earlier.

6 **Q.** So, Dr. Meyer, let's start talking a little more detail
7 about each of these opinions. Let's start with the first,
8 which you said refers to stigma experienced by gay men and
9 lesbians.

10 Can you define what you mean by "stigma," as you use
11 that word?

12 **A.** Yes. And I have to say that I have to be very brief in
13 this description. The work on stigma has many, many volumes
14 that I'm sure we don't want -- as I said, it's the subject of
15 the whole seminar that I teach.

16 But the most succinct, I guess, description would be
17 that a group in society has some kind of attribute that has
18 been identified to be a negative attribute, that is seen as
19 negative by society.

20 And this attribute is attached to persons who are
21 believed to have this attribute. And because of having this
22 attribute, they are, therefore, what we call devalued.

23 So, in the example of gay sexual orientation, sexual
24 orientation is identified as such an attribute that people
25 perceive as being a negative attribute. And, therefore, gay

1 and lesbian people, as a whole -- I don't mean as a whole --
2 the whole person is identified by that identity that is
3 devalued; and, therefore, the whole person is devalued because
4 of that relationship.

5 And stigma, of course, has been applied to many other
6 populations and instances.

7 Q. Are you familiar with a concept referred to as "structural
8 stigma"?

9 A. Yes.

10 Q. What is structural stigma?

11 A. Structural stigma refers to, in a sense, the origins of
12 the stigma and the mechanisms that maintain and enact stigma.

13 So those refer -- by the word "structural" we mean to
14 more solid structures in society, societal institutions such
15 as, of course, the law being an important one, and any other
16 institution that is essential in our society.

17 Q. Explain a little more, if you would, for the Court, the
18 way that laws can play a role in structural stigma.

19 A. Well, laws have a major role in determining access of
20 different -- of the citizens to different -- we call it goods
21 that society can provide to resources, I guess would be the
22 word. And laws may block or foster access to such resources.
23 In that sense, they enact, perhaps, for a group that is
24 stigmatized -- or, rather, control the access that various
25 groups may have to a particular institution.

1 So, of course, here we're talking about marriage.

2 And that would be an example of, in this case, a very important
3 institution of marriage.

4 And, of course, the law has a role in determining who
5 can access that institution. And, again, that would be
6 applicable to other types of examples.

7 **Q.** So once a social -- excuse me, a structural stigma is in
8 place, how does it affect people?

9 **A.** So, as I said, structural stigmas determine the access
10 that people have to those resources.

11 I rely on the sociologists that talked about the
12 opportunity structures. The society lays out goals that
13 people -- I don't want to say fault -- internalize.

14 People want to achieve certain goals that we all view
15 as important goals in our lives; such as, career and marriage
16 being two important examples of that.

17 And stigma would, as I said, determine the access
18 that people have to those desired goals, to achieving those
19 desired goals.

20 **Q.** And has the research found that there are stigmas
21 associated with gay men and lesbians?

22 **A.** Yes, of course.

23 **Q.** And what are some examples of such stigma?

24 **A.** There are really many stigmas and stereotypes that
25 describe kind of how people are perceived.

1 In my work, I have written about the role of intimate
2 relationships and the way intimate relationships have been
3 portrayed.

4 And part of the stereotype that is part of the
5 stigma, the negative attitude or the negative associations with
6 this group, has been for many years that gay people are un --
7 incapable of relationships, of intimate relationships; they may
8 be undesiring, even, of intimate relationships; and that,
9 certainly, they are not successful at having intimate
10 relationships.

11 And when I say this has been a kind of social stigma,
12 I'm talking about how it has been portrayed in various cultural
13 outlets as well as in a more organized way in various social
14 interactions, social institutions.

15 **Q.** You used the phrase "intimate relationships." What do you
16 mean by that?

17 **A.** "Intimate relationships" mean relationships that people
18 have. Of course, primary among them would be something like a
19 marriage, a husband and a wife. But, also, other intimate
20 relationships with one's family, one's children, and one's
21 community.

22 And in all of those, again, as people have been
23 described for many years as social isolates, as unconnected,
24 as -- as not as good citizens, in a sense, who partake in
25 society the same way that everybody else. As a pariah, so to

1 speak. So that's what stigma does.

2 And, in particular, for gay and lesbian example, I
3 think the issue of intimate relationship because of the nature
4 of what being gay is about who you choose to be with, that has
5 been a strong source of stigma.

6 Q. Dr. Meyer, if you could turn in your binder to Plaintiff's
7 Exhibit 1011, please.

8 A. Yes.

9 Q. And this is one of the documents that you've relied on in
10 forming your opinions?

11 A. Yes.

12 Q. What is Exhibit 1011?

13 A. This is a chapter from a book that I've relied on and that
14 I've used in teaching as an example of -- maybe I should say
15 what the book is.

16 So, this is a chapter from a book that was published
17 in the '60s, late '60s, and was a very popular book. It was
18 called, "Everything you Ever Wanted to Know About Sex (But Were
19 Afraid to Ask)."

20 It was very, very popular. It was published in
21 many -- I have a hardcover edition that is the 17th edition of
22 this book, that was published in 1969. And I personally
23 remember that book.

24 So in this book there are different chapters that aim
25 to educate the public about different issues concerning

1 sexuality. And this particular chapter is concerning male
2 homosexuality.

3 Q. And this is a book that had wide distribution?

4 A. Absolutely.

5 MR. DUSSEAULT: Could we put up demonstrative 2,
6 please.

7 (Document displayed)

8 BY MR. DUSSEAULT:

9 Q. I'm going to ask you about this, but what I would like to
10 do is just read the text into the record so it's clear what
11 you're addressing.

12 A. May I explain something about this?

13 Q. Of course.

14 A. I'm sorry. So the book is written in a
15 question-and-answer format. And, basically, the author goes
16 through explaining sexual issues as if there is a question that
17 somebody is asking him about his opinion about various sexual
18 issues, and then he provides the answer. So this is an excerpt
19 of one of those question and answers?

20 Q. Okay. So the question posed is:

21 "What about all the homosexuals who live
22 together happily for years?"

23 And the answer is:

24 "What about them? They are mighty rare birds
25 among the homosexual flock. Moreover, the

1 'happy' part remains to be seen. The
2 bitterest argument between husband and wife
3 is a passionate love sonnet by comparison
4 with a dialogue between a butch and his
5 queen. Live together? Yes. Happily?
6 Hardly."

7 Is this text from this book an example of the stigma
8 that you're talking about, sir?

9 **A.** Yes, I think this is a very dramatic experience of what I
10 was referring to where, in this case, an educational book
11 portrays the relationship between, in this case, gay men as --
12 with great disrespect. I would say ridicule and contempt. So
13 that was the kind of -- and one example of what I was referring
14 to.

15 **Q.** At what stage in life does stigma begin to affect gay men
16 and lesbians?

17 **A.** Stigma really affects all people in society, because it is
18 a social norm, if you will. It is something that we all in
19 society learn from a very young age.

20 It affects gay and lesbian -- this particular stigma
21 affects gay and lesbian -- sorry, gay men and lesbians in a
22 particular way because it is about something that is very
23 pertinent to how they think about who they are.

24 In my mind, this kind of stigma on other stereotypes
25 are very impactful, especially at the younger age, and in

1 particular in the time of life where gay men and lesbians,
2 usually during youth, either realize or recognize or know that
3 they're gay, and begin to try to understand what that means to
4 them.

5 And, of course, the most available reference that
6 they would have is the kind of things that they have learned
7 over their lifetime, over their childhood, socialization that
8 we all have been exposed to.

9 So it affects everybody but, certainly, it affects in
10 a very strong way somebody who is maybe coming out and
11 realizing that he or she is gay, and that's what they might
12 believe is what is in line for them.

13 Q. Now, Dr. Meyer, you live in New York, correct?

14 A. That's true.

15 Q. Are you familiar with Proposition 8, the ballot initiative
16 that was passed in California?

17 A. Yes, I am.

18 Q. And what's your basic understanding of what Proposition 8
19 did?

20 A. Well, proposition 8 was a proposition that was voted by
21 voters in California, restricted marriage to a man and a woman;
22 and, in fact, excluding gay men and lesbians from marriage.
23 And it was a constitutional amendment to the California
24 Constitution.

25 Q. In your view, based on your work in this field, is

1 Proposition 8 a form of structural stigma?

2 **A.** Yes, absolutely. As I described stigma earlier, I would
3 say that law, and certainly a constitutional part of the law,
4 would be a very strong part of, as I described, the social
5 structures that define stigma, that define access.

6 In a very simple way, you can think of it as a block
7 or gate toward a particular institution, toward attaining a
8 particular goal. So, in that sense, it is very much fitting in
9 the definition of structural stigma.

10 **Q.** And in what ways does Prop 8 impose structural stigma on
11 gay men and lesbians in California?

12 **A.** Well, it imposes by the fact that it denies them access to
13 the institution of marriage.

14 As I said, people in our society have goals that are
15 cherished by all people. Again, that's part of social
16 convention, that we all grow up raised to think that there are
17 certain things that we want to achieve in life.

18 And, in this case, this Proposition 8, in fact, says
19 that if you are gay or lesbian, you cannot achieve this
20 particular goal.

21 **Q.** Now, are you aware, sir, that, in California, gay and
22 lesbian couples can register as a domestic partnership?

23 **A.** Yes, I am.

24 **Q.** In your view, does that eliminate the structural stigma of
25 Prop 8?

1 A. No.

2 Q. Why not?

3 A. When I talk about Proposition 8 and the institution of
4 marriage, I'm talking about an institution that has a social
5 meaning.

6 As I described it, this has to do with the
7 aspirations of people to achieve certain goals. And I was not
8 referring, and I don't refer to any tangible benefit that maybe
9 are accompanying marriage or a domestic partnership
10 arrangement.

11 So my -- what I'm talking about throughout my work
12 and today is really about the symbolic meaning, the social
13 meaning of marriage.

14 It is, I think, quite clear that the young children
15 do not aspire to be domestic partners. But, certainly, the
16 word "marriage" is something that many people aspire to.

17 Doesn't mean that everybody achieves that, but at
18 least I would say it's a very common, social, socially-approved
19 goal for people as they think -- for children as they think
20 about their future and for people as they develop
21 relationships.

22 For young people, and certainly for people later on,
23 this is a desirable and respected type of goal that if you
24 attain it, it's something that gives you pride and respect.

25 Q. And do you have an opinion as to whether domestic

1 partnerships enjoy similar symbolic and social meaning?

2 **A.** I have an opinion. And that is that, as I said, I don't
3 think it has the same social meaning. In fact, I don't know if
4 it has any social meaning.

5 I think it has, perhaps, value in terms of the types
6 of benefits that people receive. But as I was trying to
7 explain, that is not what I'm talking about. And that's not
8 really relevant to my discussion of stigma.

9 **Q.** Let's turn, then, to the second opinion you mentioned,
10 which had to do with minority stress.

11 What does "minority stress" mean, as you use that
12 phrase?

13 **A.** Minority stress -- I've written a lot of articles about
14 it, so I'm trying to, again, be brief.

15 But it basically describes the types of stressors
16 which is -- I have to try to explain, maybe, what stress means,
17 before I do that. Is it --

18 **Q.** Let me break it down. Why don't you tell us what stress
19 means.

20 **A.** Okay. So that's perhaps something that's easier to
21 understand.

22 Stress is -- well, everybody knows what stress means.
23 But when we talk about stress, what we talk about is the kinds
24 of events and conditions that happen from the outside, to the
25 person. And that one of the main definitions is they bring

1 about some kind of change that require adaptation. In that
2 sense, they are taxing on the person because it requires the
3 person to adjust, so to speak, to this new situation.

4 One of the strongest types of stressors is a life
5 event. And, certainly, losing a loved one would be a very -- a
6 high magnitude type of an event. Losing a job is another
7 example of an event.

8 So those are the general -- I've referred to those as
9 general stressors, just because I'm trying to distinguish from
10 the minority stress model that I have written about in regards
11 to gay and lesbian stress.

12 So there's those different -- there are different
13 ways that we think about stress, not just life events. But,
14 for example, there are also chronic stressors. So, for
15 example, unemployment, a prolonged -- and there are other types
16 that maybe I can explain later if, you want.

17 **Q.** Let's talk a bit about the types. I believe you
18 referenced acute stress. What would that mean?

19 **A.** So a life event is an acute stressor. That's something
20 that has a beginning and end. It is pretty easily discernible.
21 It happened.

22 And chronic stress is something that is, as I say,
23 prolonged. Obviously, there could be a relationship between
24 the two. So losing a job would be a life event, but
25 unemployment that would result from that would be a chronic

1 stress. So they are not totally distinguished.

2 There are other types of stressors that people have
3 written about. And, again, this is in general affecting
4 everybody.

5 Another one would be what we sometimes call daily
6 hassles or minor stressors that are just annoyances that happen
7 to people. Maybe being stuck in traffic for a long time, or
8 being in a long line in bank -- if people still go to banks --
9 or in supermarket, I guess. So those would be just daily kind
10 of hassles.

11 And there is another type of stress that is a little
12 different and maybe a little harder to understand as to why it
13 is a stress. And those have been termed "nonevents." Which
14 means nothing happened.

15 And the reason why a nonevent can be stressful is
16 because it is something that was expected to have happened; so
17 the fact that it didn't happen, in this case, also requires
18 adaptation or adjustment.

19 So, for example, if I've been working in my job for a
20 certain number of years, and I expected after a certain amount
21 of time I would receive a promotion, but I didn't receive that
22 promotion, that could be a nonevent, in a sense, because
23 nothing happened but it was something that I expected and
24 others expected.

25 It's not just any kind of expectation. So, you know,

1 if I bought a lottery ticket and did not get the prize, would
2 not be the same type.

3 It is something that is normal to expect to happen at
4 a particular time. Usually, we are talking about milestones
5 over a lifetime. And, certainly, marriage will be one of those
6 types of expected events. Having children.

7 If you ask little children, that will be the kind of
8 thing that they will tell you about what might happen to them
9 in the future: I will marry. I will have children. I will be
10 a grandparent. Things like that, that are easily understood in
11 our society.

12 **Q.** Are the stressors of the type you are talking about
13 essentially inputs on people's lives, as opposed to the result
14 that they may experience?

15 **A.** I'm sorry, yes. So in the research lingo, I guess we
16 would call those the independent factors. Those are the things
17 that happen from the outside.

18 But in common language, usually, when we talk about
19 stress we think about, also, the outcome, what we call, which
20 is, "I felt stress" means, usually, "I felt some kind of
21 distress because of something that happened."

22 We try to separate those two. So we try to assess
23 the stressor part, the input, and the outcome that resulted
24 from that stressor, which may -- and, of course, in this case,
25 we study health outcomes.

1 Q. So now that we've discussed stress, let's go back to this
2 concept of minority stress. What is minority stress?

3 A. So minority stress is an extension of this notion of
4 stress, in that it identifies a source of stress that stems, as
5 I described earlier, from social arrangement. In particular,
6 prejudice, stigma, and discrimination.

7 So in my model, any stress that is related to stigma,
8 prejudice, and discrimination I would designate it as a
9 minority stressor.

10 And, by the way, it could be the exact same type of
11 stressor. So, for example, losing a job, as I said, is a life
12 event. But losing a job due to discrimination is a minority
13 stressor of the same life event.

14 And the reason that we distinguish those two is
15 because we know that there's different impact for those types
16 of events. And, also, because this allows us to assess and
17 measure them, I guess, in a way that is more precise for this
18 purpose of understanding these issues of social determinants.

19 Q. Thank you, Dr. Meyer.

20 Could you turn to Plaintiffs' Exhibit 1003, in your
21 binder.

22 A. Yes.

23 Q. And if you would tell the Court, what is Exhibit 1003?

24 A. This is an article that was published, that I have
25 written.

1 Q. And what's the subject of it?

2 A. So the title of this article is, "Prejudice, Social Stress
3 and Mental Health in Lesbian, Gay, and Bisexual Populations,
4 Conceptual Issues and Research Evidence."

5 I published this in 2003, in the journal
6 *Psychological Bulletin*, which, I might add, is a very
7 prestigious journal in the field of psychology, and quite
8 difficult to get published there.

9 And this article, I would say, best articulates the
10 model of minority stress that I've written about, and has been
11 referred to by many other researchers who've used it as a
12 theoretical background for their own studies.

13 So, in fact, there are several hundred studies that
14 result -- well, I wouldn't say resulted, but, certainly, that
15 have used this article, the ideas in this article, as a
16 resource for their own research.

17 Q. Now, does the scholarship on minority stress address
18 minority groups other than gay men and lesbians?

19 A. Well, certainly, the principles -- I have to explain,
20 maybe, something about how I got to this idea of minority
21 stress, and not to take too much credit, maybe.

22 So the ideas behind this theory that are outlined
23 here in this article are not all brand-new ideas that I just
24 made up or came up for this purpose of this article. Rather,
25 they rely on many, many years of research.

1 So, for example, all the research on stress and life
2 events, and so forth, I did not invent that. That has been
3 going on, I would say, since the 1950s, people began to be
4 interested in life events as a source of stress and its --
5 sorry, impact on health.

6 So what I have done is articulated this within this
7 particular context of gay, lesbian, and bisexual population.
8 So the literature on gay, lesbian, and bisexual population have
9 used this term, "minority stress" -- which I, by the way, also
10 did not invent, but used somebody else's. This was a term that
11 I read about in a dissertation that was written on lesbians and
12 mental -- sorry, and life events. And I thought it was a good
13 term.

14 By the word "minority" here, I mean sexual
15 minorities, which is a term that is used to describe gay men,
16 lesbians and bisexuals.

17 So this refers to gay, lesbian, and bisexual. As you
18 will see later, most of the things in it are quite specific to
19 gay men and lesbians. But the general theories behind it apply
20 in broader ways.

21 **Q.** So let's talk a bit more specifically about it.

22 Are there particular processes through which minority
23 stress manifests itself or can manifest itself in the lives of
24 gay men and lesbians?

25 **A.** Yes. So --

1 Q. What are those?

2 A. So this has been -- I would say, my main contribution is
3 to articulate what do we exactly mean by that when we say that
4 prejudice and stigma has an impact on people? And I described
5 those as processes that describe what actually happens, why is
6 that a stressor?

7 And I've described in this article and in other work
8 four types of minority stress processes. The first one I've
9 called "prejudice events."

10 The second -- I'm sorry.

11 Q. Why don't you articulate what the four are, and then I'd
12 like to do a little more detail on each. So if you could just
13 generally describe what the four are.

14 A. Okay. So the first one is called "prejudice events,"
15 which encompasses a bunch of concepts.

16 The second one is called "expectations of rejection
17 and discrimination."

18 The third one is "concealing," which refers to hiding
19 your sexual orientation, in this case, or not being out, as we
20 say sometimes.

21 Q. Okay.

22 A. And the fourth one is "internalized homophobia," which
23 refers to the internalization of social attitudes by a gay
24 person or a lesbian.

25 Q. Now, how did you identify these processes?

1 **A.** So, as I said, there has been work on each of those
2 topics, that I relied on that work to bring it together to this
3 model that is maybe more concise.

4 While there were work on prejudice -- sorry, on life
5 events -- and there has been, certainly, a lot of work, for
6 example, on internalized homophobia, ranging to clinical
7 psychological literature -- I gathered together those different
8 sources of research and theory to put it together in this
9 particular form, to explain the experiences of gay men and
10 lesbians.

11 **Q.** So let's start with the first one you identified,
12 prejudice events. What do you mean by prejudice events?

13 **A.** So just as I described earlier, the general stress,
14 prejudice events I refer to the types of stressors that are
15 related to prejudice.

16 So I already gave an example of being fired due to
17 discrimination. That will be a prejudice event.

18 And this -- in this case, sorry, the prejudice events
19 echo those four types of stressors that I mentioned earlier.
20 So that would be the major events, the chronic -- the major
21 acute events, the chronic stress, the minor events we could
22 call them, the daily hassles, and the nonevents.

23 So that is, basically, taking, again, the same
24 framework and using it here in this context. As I say, all of
25 this was not as well-packaged. So it's not that I just took

1 all of this and copied it into this. I used a lot of research
2 to develop this.

3 Q. Dr. Meyer, are the events that you describe as prejudice
4 events different from stress events that may be faced by the
5 rest of the population?

6 A. Yes, by definition, they are related to prejudice.

7 Q. Can you give more specific examples of prejudice events?

8 A. Yes. So in addition to the example I gave that has to do
9 with events related to discrimination, that would include other
10 types of events that people experience.

11 For example, anti-gay violence would be, clearly, a
12 prejudice event, even though it's not a discrimination. But it
13 is like hate crimes, would be prejudice events in the sense
14 that the person was chosen for this -- to be the victim of this
15 crime because of prejudice.

16 So these are the major events. Then there are
17 chronic stressors, again, that could be resultant from
18 prejudice.

19 In my studies, for example, I've collected data
20 from -- in the recent study, about 400 gay men and lesbians.
21 And we asked them about life events that happened to them over
22 their entire life. We have several -- many thousands of life
23 events that each of them described.

24 So there would be chronic things like harassment,
25 that children -- sorry, they were adult, who reported that

1 during their childhood they had been harassed at school. So
2 that's not an event. Unless there was an event. So we assess
3 each of those for what happened and how it happened.

4 But if somebody says, "Somebody called me a name over
5 the entire year that I was in third grade," we would talk about
6 it as a chronic stressor.

7 If somebody said, "I walked down the street and
8 somebody jumped and attacked me and beat me up," that would be
9 an event, and, in this case, a hate crime, probably, but an
10 event related to prejudice.

11 So those are the life events. There --

12 Q. Can I ask a follow-up question?

13 A. Sorry.

14 Q. Do prejudice events differ in magnitude based on the
15 research?

16 A. So when we say "magnitude," we mean how big the event was.
17 And, usually, what this means is like how much -- going back to
18 the definition in a more technical way, how much change did
19 such an event require, how much adaptation?

20 So that's why I say that losing a job is a very big
21 event. Maybe -- certainly, the minor events I described,
22 waiting in a line is a very tiny magnitude.

23 But there's another aspect to prejudice event which
24 has been identified, for example, with hate crimes, which is
25 that they have a greater impact psychologically on the person,

1 on the victim of hate crime.

2 And that greater impact has to be -- has -- sorry,
3 has to do not so much with the characteristics of the event,
4 but with the social meaning of the event.

5 So -- and I don't want to -- to talk in this room
6 about anything legal, but, in fact, hate crimes was challenged
7 as a -- whether it could be constitutional. And one of the
8 reasons why, in my understanding, the Supreme Court allowed it
9 to be a separate crime is, in fact, because of that added
10 social meaning, and the added pain.

11 So that even though it's the same exact crime or the
12 same exact event, when it is attached to prejudice and
13 discrimination and stigma, it has a meaning for the victim that
14 makes it worse.

15 And that's how we -- we described it here, as well.

16 **Q.** What has the research shown about who commonly perpetrates
17 these prejudice events in the lives of gay men and lesbians?

18 **A.** So when I talk about -- well, "perpetrates" really -- as I
19 described before, I talk about the different levels of, you can
20 say, causes of those events.

21 So at the larger level is, really, the way I
22 described earlier structural stigma. We sometimes talk about
23 structural prejudice in a similar way. Those are the things
24 that would determine -- that would be the context for, for
25 example, events.

1 So an event usually is within a larger context. So
2 we look at both of those. So a person -- so those are the
3 structural. And then there are things that we call
4 interpersonal types of events.

5 So the perpetrators might be, on one hand, the state,
6 for example, by creating certain structures. But, of course,
7 it could -- it is also individuals who do something. So in the
8 example of the hate crime is the perpetrator.

9 In the case of gay men and lesbians, or sexual
10 minorities, this is quite distinct from other groups that when
11 we think about prejudice. Unfortunately, often the
12 perpetrators could be family members, even parents and
13 siblings.

14 And some of the stories that we've collected -- we
15 collect them as short narratives -- has been quite dramatic in
16 terms of what some of those respondents reported in terms of
17 what had happened to them in the past.

18 This is, by the way, one of the publications here.
19 And what was -- I don't know if I would say surprising, but
20 what was distinctive about it was how many of them reported
21 family members perpetrating such crimes, really. It would be
22 things like rape or homelessness, that some of them described.

23 So there is a whole range of potential perpetrators
24 that could be implicated here, in what I'm discussing.

25 **Q.** Now, from some of those very serious examples, you also

1 mentioned earlier, I think, a concept of everyday hassles?

2 **A.** Yes.

3 **Q.** Are those also prejudice events?

4 **A.** So in the prejudice literature, we call these daily
5 hassles -- well, some people have called them everyday
6 discrimination events. That's one word. There are other terms
7 that have been used to describe those.

8 And in the same way that a hate crime is more
9 significant because of its social meaning that is attached to
10 it, a minor event could have a greater meaning than similar
11 events that -- sorry, could have a greater impact than a
12 similar event that had no such meaning.

13 So one could be just an annoyance, and the other one
14 could be or is representing social disapproval. And,
15 obviously, they would be felt by the person as -- to be very
16 different.

17 **Q.** Give us, if you would, a couple of examples of daily
18 hassles the research has looked at in the context of prejudice
19 events.

20 **A.** Well, there are many. But, interestingly, I've read the
21 plaintiffs' testimony here, I believe on Monday it was. I
22 mean, I read it on Tuesday, but the testimony was given on
23 Monday.

24 And I was really struck because one of the things
25 that we hear over and over is forms, filling out forms. And it

1 is kind of bewildering because, on one hand, you might say,
2 "What's the big deal about filling out a form?" But gay people
3 do respond to that.

4 And the only way that I can explain it is that it is
5 really not anything about the form. It is that the form evokes
6 something much larger for the person. It evokes a social
7 disapproval, a rejection. And, often, it evokes memories of
8 such events, including large events that have happened maybe in
9 the past.

10 So it is this minor annoyance, most of the time, for
11 most people, to fill out a form. And they probably would never
12 remember that, if they were asked to talk about what has
13 happened to them. They would mention major things.

14 But for gay people, I've seen this in -- brought up
15 many times. There are other type of things that gay people
16 report that, again, might be minor under some circumstances,
17 such as maybe treated in a very unfriendly way by one's
18 partners' parents.

19 And, certainly, it would not be a nice thing for
20 anybody, but for a gay person that may have -- or that does
21 have a very great social meaning of, again, echoing the
22 rejection and disrespect and the -- they have felt in the past
23 and they continue to feel in society.

24 So that is the relationship between the social
25 meaning and those minor events.

1 Q. There was --

2 THE COURT: Dr. Meyer, you mentioned "forms." What
3 kind of forms are you talking about?

4 THE WITNESS: I'm sorry. I mentioned the testimony
5 that was given here, that they talked about forms.

6 What I mean by forms are just any kind of
7 administrative forms that one might have to fill, and in
8 particular where you have to fill your marital status, for
9 example.

10 So a gay person, let's say -- you know, really, what
11 they experience is: There is no place for me to put anything
12 there.

13 So either they would say, "Well, I'm just going to
14 say single, even though I've been in a relationship for the
15 past 40 years, because I just don't want to get into that. In
16 this case, it really doesn't matter. Maybe I'm in a motor
17 vehicle office. And I don't want to get into this whole
18 explanation with a clerk about what does it mean. "

19 Or there might be -- I think one of the plaintiffs
20 mentioned crossing out things and writing in things. But my
21 point is, obviously, this is not very demanding to cross out a
22 form and say something else. And I would say if it was within
23 any other context, nobody would remember that maybe the form
24 was not very well-written and you had to correct something
25 there. That would not be a memorable event.

1 The only reason that it's memorable is because, as I
2 said, of what it means. And what it means is social rejection.
3 It echoes the kinds of rejections that I've been describing
4 earlier.

5 **Q.** And, Dr. Meyer, to follow up on this, to be sure I
6 understand, you might have applications like at a bank, to open
7 an account, or a lease to get an apartment, or a job
8 application. Is that the kind of form you're talking about,
9 where there are boxes to describe your status, and not a box
10 that corresponds to your status if you are not married?

11 **A.** Absolutely.

12 **Q.** There was also some testimony on Monday, I believe, about
13 hassles relating to travel, say, trying to check into a hotel
14 room and get the type of room you reserved. Would that be --

15 **A.** This is very similar, again, where to me it's not so much
16 what happened, but what does it mean to you, to you as a gay
17 person?

18 So, again, a clerk in a hotel asking you about a
19 king-size bed for any couple would really mean nothing. But
20 for a gay person, it's an area of great sensitivity because it
21 really talks to their rejection and to their rejection of their
22 family members, the people that they feel close to.

23 **Q.** Does the fact that you might draw in a box or ultimately
24 get the right size bed make the problem go away for that
25 individual?

1 A. No, not at all. Because, again, it is not about anything
2 tangible here. It's not -- there's nothing really horrible
3 about filling out a form. Well -- some forms.

4 (Laughter)

5 Q. There can be.

6 A. But at least small forms.

7 But, again, it is not about that effort of the
8 filling out a form or explaining even to a clerk something
9 about to clarify maybe some mistake. That is not what it's
10 about. It's about, I'm gay and I'm not accepted here.

11 Q. You also talked, and I think, gave some specific examples
12 about nonevents. These, although they are called nonevents,
13 are also in the research treated as prejudice events?

14 A. Right. They are not all treated as a prejudice event, but
15 when they are related to prejudice then I would call them
16 prejudice nonevents.

17 But they are -- so, for example, somebody may not get
18 a job promotion just because of all kinds of circumstances,
19 that maybe everybody expected them to get. So that may not be
20 due to prejudice. But it also could be due to prejudice.

21 Certainly, somebody might not marry for all kinds of
22 reasons, not because of anybody blocking their access to the
23 institution of marriage but for whatever other circumstances in
24 their lives.

25 But it still would be a nonevent that could be

1 significant because other people will begin to ask: Well, are
2 you married? Why aren't you married? Especially if they are
3 of certain ethnic backgrounds where people ask questions like
4 that.

5 So there's expectation that you will get married,
6 that you will have children. And so when I talk about those as
7 prejudice, it is when those things don't happen because of
8 prejudice.

9 And, again, parallel to everything else I was saying,
10 in this case, it would have that double meaning, both the
11 impact of the actual event, the content of the actual event or,
12 in this case, nonevent, such as not getting married.

13 But for gay men and lesbians, not getting married
14 would also have that social meaning that I just described
15 regarding daily hassles type of things, where not getting
16 married is not just a simple -- it's not really simple either
17 way. But it's not a fact of their life.

18 It's also a representation of their position in
19 society, of the way society views them, of the kind of respect
20 or, in this case, disrespect that they experience, of the
21 stigma that I described earlier.

22 **Q.** Now, Dr. Meyer, what, if anything, is the relationship
23 between Proposition 8 and the denial of the right to marry on
24 the one hand and prejudice events, as you described them?

25 **A.** Well, I think it is quite obvious that Proposition 8, by

1 definition, blocks the marriage institution for gay men and
2 lesbians. This is basically what it says.

3 So, in that sense, it certainly will be responsible
4 for gay men and lesbian not marrying, and having to explain why
5 I have not married.

6 And by explaining why I have not married, you also
7 have to explain, I'm really not seen as equal. I'm -- my
8 status is -- is not respected by my state or by my country, by
9 my fellow citizens.

10 So it's -- in the very basic definition of structural
11 stigma, it is a block on the way to achieving desirable goals
12 in life.

13 Q. Now, you've already talked a little bit about some of the
14 plaintiff testimony on Monday. I was hoping that I could show
15 you a couple examples.

16 MR. DUSSEAU: Do we have demonstrative 4 handy?

17 And, again, so that the record is clear so as to what
18 you are commenting on, let me read this testimony from
19 plaintiff Paul Katami.

20 "QUESTION: Have you experienced
21 discrimination as a result of being gay.

22 "ANSWER: One example that I remember very
23 clearly is the first time in college, with
24 some gay friends, going to my first gay
25 establishment, like a bar or a restaurant,

1 socially.

2 "And we were in an outdoor patio. And rocks
3 and eggs came flying over the fence of the
4 patio. We were struck by these rocks and
5 eggs. And there were slurs. And, again, we
6 couldn't see who the people were, but we were
7 definitely hit. And it was a very sobering
8 moment because I just accepted that as, well,
9 that's part of our struggle. That's part of
10 what we have to deal with."

11 **BY MR. DUSSEAUT:**

12 **Q.** In the context of prejudice events, do you have a reaction
13 to this example?

14 **A.** Yes. And, as I said before, regarding form, this just
15 seems like a very familiar type of report that a gay person
16 might report.

17 And I don't -- I don't mean to tell the plaintiff
18 that their experiences are not unique experiences. Certainly,
19 within their life they are unique. But they are really not
20 unique.

21 (Laughter)

22 Many people -- sorry. Many people experience those
23 kind of things.

24 And I think when I read that what struck me most,
25 almost, may be not what you would notice, but it is that point

1 about it was a very sobering moment. Because I think that
2 refers to the registration about this is a meaningful point.
3 This is about who I am. This is something I have to get used
4 to.

5 When Mr. Katami talks about, well, that's part of our
6 struggle. It is really a moment where he describes recognizing
7 something that has to do with who he is as a gay person.

8 But other elements of this would be that, clearly, I
9 would say, this was related to hate. In fact, when we assess
10 the -- by the way, when we collect those narratives in my
11 research, we go through a very, very tedious process of
12 analyzing each of those narratives so that we quantify some
13 qualities around them.

14 And one of the things we look at related to hate
15 crime. And we actually try to use some of the guidelines that
16 police use in determining hate crimes.

17 So, in this case, he mentioned being next to a gay
18 establishment, which would be one element that would help in
19 determining a hate crime.

20 But there's something that I don't know here, for
21 example, whether someone was actually hurt, which would go to
22 the issue of the magnitude.

23 But regardless of that, I think what is clear here,
24 that the meaning of this -- and I would dare say not having
25 talked to Mr. Katami and not really knowing anything behind

1 that -- that perhaps one of the main reasons that it's so
2 memorable was because of that sobering moment, because of that
3 recognition: I am not the same as other people in society.
4 Somebody can come and just throw stones, or whatever it was,
5 and eggs on me, because they don't like that I am gay.

6 Q. When you were talking earlier about whether or not this
7 was unique, do you mean that this sort of example is, in your
8 research, often relayed by gay men and lesbians?

9 A. Exactly.

10 Q. Let's put up a demonstrative 5, another example. And this
11 is testimony from another of our plaintiffs, Sandra Stier.

12 (Document displayed)

13 "QUESTION: Are there occasions where you
14 have to fill out forms that ask whether you
15 are married or name of spouse or things like
16 that?

17 "ANSWER: Doctor's offices. Are you single
18 or are you married or are, you know, divorced
19 even? But, you know, so I have to find
20 myself, you know, scratching something out,
21 putting a line through it and saying
22 'domestic partner' and making sure I explain
23 to folks what that is, to make sure that our
24 transaction can go smoothly."

25 We talked a good bit about forms already, but what's

1 your reaction?

2 **A.** Again, that's an example of this form.

3 But, you know, you have to think -- or I guess you
4 have to ask yourself, why would a person remember that type of
5 minor incident? And, as I mentioned before, I think the
6 meaning of this incident is more important than, in this case,
7 what has actually happened.

8 So, like I said, if there was some error on this
9 form, where it says "Mr." or "Mrs." and somehow the words were
10 not clear and she had to fix that, I don't think she would have
11 reported that as a major -- something that she remembers.

12 But I think it is, again, the message that the forms,
13 in a sense, echoes about rejection and about I'm not equal to
14 other people, to most people who fill this form.

15 **Q.** So let's move to the second process you talked about,
16 expectations of rejection and discrimination. What do you mean
17 by that?

18 **A.** Expectations of rejection and discrimination actually mean
19 exactly what it says. Expecting rejection and discrimination.

20 But this is a very -- well, to me, interesting
21 process that occurs in populations that are -- that are used to
22 prejudice. By "used" I mean that they know about the prejudice
23 that exists in society.

24 And what happens is that a person who knows that they
25 might be rejected or discriminated against needs to maintain a

1 certain vigilance about their interactions in society that
2 would, first of all, guarantee their safety.

3 So an example that I often use when I talk about this
4 is, a gay couple walking down the street. In my experience,
5 very often, regardless of how friendly their street is, they
6 would have to monitor the kind of affection that they display
7 with each other because perhaps somebody will come and throw
8 stones and eggs, and so forth, because they bring up something
9 the person doesn't like. And, again, it's not something about
10 them as individuals, but about the fact that they are
11 representing -- sorry, presenting as gay.

12 So this would be one type of, as I call it,
13 vigilance, that you have to be on edge; you have to watch; you
14 have to have a third eye, looking, monitoring your environment.

15 And that is a very stressful thing, if you think
16 about it, that many people don't have to think about any of
17 that when they walk down the street with their partners.

18 **Q.** Now, does the impact of expectation of rejection,
19 discrimination go away if the rejection or discrimination
20 doesn't happen?

21 **A.** Well, that's another interesting thing about expectation
22 of rejection and discrimination, is that nothing really has to
23 happen. And not only that, the persons involved in the -- in
24 that environment may themselves not at all hold any negative
25 attitudes.

1 So in the sense it is the expectation is not that
2 this particular person may harm me. It is that what I
3 represent may trigger in somebody. And it could be this
4 person, but maybe it's not. So it doesn't have to be about
5 anything specific about the persons involved in this
6 interaction.

7 I often give the example of being in a job interview
8 and having to kind of monitor maybe how your -- what you're
9 saying. And it doesn't mean -- it doesn't matter what the
10 people interviewing you actually think. It is that you're
11 expecting that, that matters. That is what is stressful here.

12 In addition to issues of safety, there are, as I just
13 alluded to, issues around social intercourse, where -- since it
14 can just be very embarrassing or awkward.

15 And we know that from stress literature, generally,
16 many times people either choose to avoid those situations,
17 swallow kind of minor incidents of prejudice or slurs, or
18 something, and just kind of move on because they don't want to
19 get into that, so to speak.

20 But the anticipation itself is what I'm talking about
21 as stressful. You know, whether or not something happens, that
22 has to do with a life event. But here we are just talking
23 about that anticipation.

24 **Q.** So what if somebody, concerned about having to be vigilant
25 on the street, just stays inside and doesn't go out, does that

1 solve the problem for them?

2 **A.** Well, that would be quite a severe punishment for that
3 person.

4 (Laughter)

5 **Q.** Is there a relationship, as you see it, Dr. Meyer, between
6 Proposition 8's denial of the opportunity to marry and this
7 expectation of rejection and discrimination?

8 **A.** Yes.

9 **Q.** What is that connection?

10 **A.** Well, as I described earlier, in my mind, the
11 Proposition 8, in its social meaning, sends a message that gay
12 relationships are not to be respected; that they are of
13 secondary value, if of any value at all; that they are
14 certainly not equal to those of heterosexuals.

15 And, to me, that's -- in addition to achieving the
16 literal aims of not allowing gay people to marry, it also sends
17 a strong message about the values of the state; in this case,
18 the Constitution itself. And it sends a message that would, in
19 my mind, encourage or at least is consistent with holding
20 prejudicial attitudes.

21 So that doesn't add up to a very welcoming
22 environment.

23 **Q.** Let's talk about the third process you identify, which I
24 think you described as concealing the stigmatizing identity.

25 **A.** Yes.

1 Q. Can you elaborate on that.

2 A. Yes. If I may just mention one more concept that is
3 related to the stress, as we call it, the stress process,
4 because it's relevant here.

5 And that is the concept of coping. Coping is part of
6 the stress process. And when we assess how does a stress
7 affect the outcome, as I mentioned earlier, of health outcome,
8 we really look at the balance between the stress impact and
9 what we call coping.

10 There's a whole bunch of stuff that goes into coping.
11 People talk about social support. But it is anything that we
12 can say is positive impact on the health, that counters the
13 negative impact of the stressor.

14 The reason I bring it up here, because interesting
15 thing -- so concealing means I'm not going to reveal to other
16 people that I am gay or lesbian. I'm going to hide that fact.

17 But the interesting relationship with coping is that
18 people conceal, usually, as a coping effort. They conceal so
19 that they avoid some of the things that I described earlier, so
20 that they are not fired from their job.

21 If you're in the United States military, by law you
22 have to conceal, in that you are not allowed to talk about your
23 homosexuality.

24 So they conceal as an effort to -- in this case, if
25 you are gay and you are in the military, you would conceal so

1 that you don't get fired.

2 But there are many other types of instances where
3 people might find the need to conceal their sexual orientation.
4 They might conceal it because they feel that they will be
5 rejected if other people knew that they were gay.

6 They may conceal it because of their personal safety,
7 in the similar way that I described hate crimes, that they
8 don't want people to recognize them as gay.

9 They might not want to go to a place that is
10 recognized as gay, for fear that somebody might either hurt
11 them, physically hurt them or in other ways hurt them.

12 So there are reasons that people choose to conceal
13 what they, themselves, know about themselves, that they are gay
14 or lesbian.

15 And what the stress process here talks -- so this
16 is -- but what the stress process is, is that there are many
17 ways that this kind of concealment are stressful. And I've
18 written about, at least, maybe, three ways.

19 And, again, all of this comes from research and
20 literature that is not specific to this topic or to gay
21 population. This is basing it on general literature in various
22 fields. In this case, mostly psychology.

23 So, if you want, I can tell you about the particular
24 ways that concealing can be stressful.

25 Q. If you could briefly just identify what those ways are, it

1 would be helpful.

2 **A.** So one way is that concealing requires, actually, a very
3 strong cognitive effort. By "cognitive" I mean the way we
4 think or the way your mind works.

5 So there's a stress that is involved with concealing,
6 because you have to really work hard on this. It's not
7 something that is -- you know, if you're lying, it's not that
8 easy, always, to keep a lie and to keep it, certainly, for a
9 long period of time.

10 So there is research that has been done about that,
11 that shows that this is, in fact, a very difficult type of
12 thing.

13 I know, for example -- well, I brought up the example
14 of the military. If you are in the military and you live your
15 life there, and you have to talk to your comrades -- and people
16 talk about, maybe, their girlfriend and boyfriend or whatever.
17 And gay people have been known to maybe change a pronoun, kind
18 of as a way of monitoring that, and say, "Yeah, my girlfriend,"
19 but you really mean your boyfriend. But, you know, this takes
20 a lot of coordination. And, you know, you have to remember
21 what you said the week before. It's all a lie.

22 So people have actually studied this with -- in other
23 context, as I said. There's a couple of researchers that refer
24 to that. Their respondents that they were studying said, "This
25 is a private hell," just the effort of concealing.

1 Q. The work that's involved?

2 A. The cognitive effort. And they describe in great detail
3 the cognitive work that goes into concealing. In this case, it
4 was in the work environment.

5 Q. Can I ask a follow-up. In addition to that, does the
6 person who conceals also lose benefits that he or she might
7 receive if he or she were able to express their true self?

8 A. Right. So that's another way that concealment is damaging
9 and stressful. So, actually, there's several benefits that are
10 associated with that.

11 The first one is that concealing prevents you from
12 what we call or what people call in psychology "expressed
13 emotion."

14 Expressed emotion is very simply that you're
15 expressing your emotion. But it doesn't have to be any deep
16 emotion, just expressing something about yourself. And that
17 has been shown to be a very positive, psychologically, thing to
18 do.

19 In fact, people have used it as a form of therapy, to
20 improve people's mental health. They have used it, for
21 example, in cancer patients, and shown that just writing
22 something, about expressing something not even very intimate,
23 is very helpful psychologically.

24 So, certainly, hiding something and hiding something
25 that is perceived as being such a core thing about who you are,

1 this is how people talk about: This is who I am.

2 That doesn't mean that gay people are just that. But
3 it is a central identity that is important. And if you want to
4 express who you are, certainly, you wouldn't want to hide that
5 part.

6 There's related to that, also, concept of
7 authenticity, of living an authentic life. And, certainly,
8 people feel better, in a kind of existential way, by just
9 presenting themselves as they are to the world and in
10 interactions with the world.

11 **Q.** Does concealment impact a gay man or lesbian's ability to
12 obtain social support?

13 **A.** Exactly. As I mentioned earlier, one of the important
14 mechanisms around stress and illness is the ability of people
15 to cope with stress.

16 And one of the beneficial -- I'm sorry, one of the
17 beneficial ways people cope with stress is through social
18 support. For example, through having a network of friends that
19 you can talk about or an intimate friend that you can talk
20 about things.

21 There are also things that happen through -- for gay
22 people, specifically, what we call affiliation with the gay
23 community. There are things that maybe you feel maybe other
24 people don't understand, but if you go to a certain community
25 center, or to a center -- sorry, to an event that maybe is like

1 a gay pride, that you get certain benefits from being in that
2 environment that maybe you don't get in other places.

3 And, certainly, if you are concealing your gay
4 identity, you are not going to walk into a gay community center
5 or gay pride event.

6 And, finally, related to that, and especially of
7 concern to me being in public health, in terms of health
8 services, there are many health services that are provided that
9 would provide, I would say, more targeted services to gay and
10 lesbian populations that are more both informed from a medical
11 perspective, for example, about the needs of gay men and
12 lesbians, and also that maybe provide a more welcoming
13 environment.

14 And that, too, will be something that a person who
15 conceals his or her gay identity would not be able to benefit
16 from.

17 So both are affected by the negatives but also from
18 the prevention of the positive type of things that they could
19 have had.

20 **Q.** Now, one point I want to clarify here. Can concealment be
21 absolute in nature? Meaning the person doesn't tell anyone,
22 ever, what their identity is?

23 **A.** I guess it could be. I don't think that -- certainly, it
24 doesn't have to be that. And I would think that many people,
25 even if they, for example, conceal at work, they might have

1 some friends that they may have confided with.

2 There's also concealment that will carry more kind of
3 momentary nature, that is not as long-lasting as I was
4 describing. And that, too, can have -- certainly, is not a
5 pleasant experience. You know, again, because of the notion
6 that you're really prevented from expressing something about
7 yourself that you don't feel that you should.

8 But the reason that you're concealing it is because,
9 again, of the significance of rejection of the region of
10 disrespect that you would feel if you were to reveal this.

11 So it is not just a simple issue.

12 **Q.** Let me try and clarify the question. I believe there was
13 some testimony from one of the plaintiffs on Monday about
14 knowing that he was gay at a very, very young age, but not
15 coming out, if you will, to anyone until about 25.

16 Is that a form of concealment?

17 **A.** Sounds like it. And to the extent that he knew that he
18 was gay, or he identified as gay at some earlier point, and
19 recognized or feared, at least, that if he were to reveal this
20 or express this about himself would -- would lead to, again,
21 rejection, discrimination, to losing maybe a relationship.
22 Again, this is, I presume, what the person expected, and that
23 was the motivation to maybe not to reveal his sexual
24 orientation.

25 **Q.** Okay. But, alternatively, if somebody, let's say, were

1 open with family or friends, but in particular circumstances
2 chooses to conceal or lie about his or her orientation, just to
3 avoid having to deal with it, is that also --

4 **A.** That's another example. As I said, you know, because of
5 Don't Ask, Don't Tell, obviously, if you're there you will have
6 to conceal. But only in that environment.

7 And you might be able to, on home leave, go back and
8 be your partner or with some friends. Certainly, you're not
9 going to want to march in a gay pride parade. So there will
10 be, still, some monitoring, but it doesn't have to be absolute.

11 **Q.** Dr. Meyer, do you see a connection between the concealment
12 process and Proposition 8 in its denial of marriage rights?

13 **A.** Well, again, to the extent that we see Proposition 8 as
14 part of the stigma, as something that propagates the stigma, it
15 certainly doesn't send a message that: It's okay. You can be
16 who you want to be. You know, we respect that. We welcome you
17 as part of the community.

18 It sends the opposite message, in my mind, and,
19 therefore, would -- I would think, add to that pressure, to
20 that social environment that encourages people, some people, to
21 conceal.

22 And, also, when I talk about those effects of
23 Proposition 8, by the way, they don't only affect gay people.
24 They also send the same message to other people who are not
25 themselves gay.

1 So, in that sense, it's not just damaging to gay
2 people because they feel bad about their rejection. It also
3 sends a message that it is okay to reject. Not only that it is
4 okay, that this is very highly valued by our Constitution to
5 reject gay people, to designate them a different class of
6 people in terms of their intimate relationships.

7 **Q.** I'd like to show you another example of testimony from our
8 plaintiffs. This coming from Kristin Perry testimony that was
9 given on Monday. Again, I'll read it.

10 **"QUESTION:** Do you, as you go through life
11 every day, feel that -- the other effects of
12 discrimination on the basis of your sexual
13 orientation?

14 **"ANSWER:** Every day.

15 **"QUESTION:** Tell us about that.

16 **"ANSWER:** I have to decide every day if I
17 want to come out everywhere I go and take the
18 chance that somebody will have a hostile
19 reaction to my sexuality, or just go there
20 and buy the microwave we went there to buy,
21 without having to go through that again. And
22 the decision every day to come out or not
23 come out at work, at home, at PTA, at music,
24 at soccer, is exhausting. So much of the
25 time I just choose to do as much of that as I

1 can handle doing in any given day."

2 Do you have a reaction to that testimony?

3 **A.** Yeah. I think that, again, demonstrates several of the
4 things I have already mentioned, including the expectations of
5 rejection and the need to monitor and maybe sometimes the need
6 to decide: Is it worth it? Do I want to get into this whole
7 thing or just avoid it? But, also, the repetition of it, like
8 how it really is in so many contexts.

9 But I have to say, the word that most jumped at me in
10 this -- it might be not the word that jumped at other people --
11 is the word "exhausting."

12 And the reason that it jumped at me is because
13 "exhausting" has a special meaning in stress research. In
14 fact, one of the earliest example of stress research was done
15 by a researcher by the name of Hans Selye, S-e-l-y-e.

16 And he described something that he called the general
17 adaptation syndrome. He studied animals. But his general
18 adaptation syndrome, basically, echoes what I was just
19 describing. There is a stressor, there is a coping. Which he
20 didn't call "coping," but it's some adjustment period.

21 But, in his words, the end of that was exhaustion.
22 So that the result of the stress process was exhaustion. And
23 he studied animals, and in many case death of those animals
24 that he studied.

25 So when I saw that, that's kind of what it brought to

1 my mind, is Selye's general adaptation syndrome.

2 Q. Let's turn, Dr. Meyer, to the fourth process you
3 described, which you described as internalized homophobia.

4 Tell me what you mean by that.

5 A. So, again, that's a word that has been discussed in
6 different forms, but it really relates to the same thing in the
7 different form, that it has been discussed in the literature.

8 As again, I mentioned, I used existing literature and
9 in terms homophobia has been something that has been discussed
10 a lot in clinical and psychological research, people who talked
11 about how to treat gay patients.

12 And one of the things they noted is that perhaps a
13 very central aspect of treating people who are troubled by
14 whatever symptom that brought them to therapy, is internalized
15 homophobia. Internalized homophobia refers to the person who
16 is gay or lesbian basically internalizing or taking in negative
17 attitudes, negative notions that are existing in society that
18 he or she has learned through their -- what we call
19 socialization process, through their growing up in our society.

20 And, of course, it is not only gay -- as I said
21 earlier, gay men and lesbians who learn those negative
22 attitudes. Those are prevalent attitudes.

23 So in learning those attitudes one might learn -- you
24 know, if they read this book by Rubin that I mentioned about
25 what gay relationships might be.

1 And then at some age the person begins to think or
2 realize or recognize or whatever way this happens, Well, I'm
3 gay. So the natural thing is that everything that everything
4 that I've learned about what it is to be gay, that must be what
5 I am. And, therefore, if I was impacted by this quote from
6 Rubin, for example, I would say that it will be quite
7 devastating to a young -- or, really, not only young person.
8 If they believe that and thought, Well, this is what is in my
9 future.

10 **Q.** Now, when you use the word "internalized homophobia" here,
11 do you mean specifically that the person internalizes a fear of
12 themselves --

13 **A.** No, at all. When I use the word "homophobia," I use it in
14 the sense of negative attitudes. Maybe something that is akin
15 to racism or sexism. Just -- and people use other words, but I
16 use that word because -- well, I have my reasons. I don't know
17 if you want to hear them.

18 It's a word that is recognizable. It's a word that
19 is in the dictionary, and I find it just as good a word as some
20 other words that have been proposed.

21 But it basically relates to the negative attitudes
22 that are prevalent in society about gay men and lesbian or
23 about homosexuality in general.

24 **Q.** Now, within the context of internalized homophobia, are
25 you aware of a concept called the possible self?

1 A. Yes, I am. And it's not exactly within the -- it's,
2 again, another concept, a theory that I have used, borrowed, to
3 explain some of those processes as they pertain to internalized
4 homophobia.

5 Q. And what does it mean?

6 A. So possible self is a psychological concept that, again, I
7 did not invent, unfortunately, because it is a very renowned
8 work.

9 And it basically relates to something very
10 interesting, which is that whoever we are -- and it really
11 relates to any age -- we don't only look at where we are and
12 where we were in our past, but we also project into what we
13 might become.

14 So this is what they call the possible self. What
15 would possibly could I become or what are the possibilities for
16 me? Maybe you can talk about it like that.

17 And the work on that showed that this is a very
18 important construct, not only because it actually helps people
19 chart a life course of goals and so forth. It doesn't have to
20 be, like, super articulated, like a whole life plan. Just, you
21 know, like I mentioned earlier. I will be a mother, you know,
22 things like that.

23 So the possible self is not only important because of
24 how it projects to the future and how it maybe helps a person
25 think about the future. It is also related to what people feel

1 right now. And having a -- obviously, a more optimistic notion
2 of their future will be associated with feeling better about
3 who you are.

4 And the opposite of that feeling, that you will be
5 blocked from an achieving goals, obviously, will be associated
6 with what we call a lower sense of well-being and maybe just
7 negative feelings about who you are and about your position.

8 **Q.** And does internalized homophobia lead to a limitation on
9 one's concept of a possible self?

10 **A.** Right. I'm sorry.

11 So the relationship is that internalized homophobia
12 speaks very directly to that notion of possible self, because
13 internalized homophobia conveys that there are certain
14 attitudes, certain stereotypes -- negative attitudes, that
15 is -- in the way that gay people have been portrayed, as I
16 described earlier, related to social stigma, related to
17 cultural portrayal, such as the Rubin, but, certainly, it is
18 just one example. So if you internalize that, you think this
19 is who I'm going to be in the future.

20 I mean, of course, it is not as simplistic as that,
21 but that part of that is about, How do I see my future? How do
22 I see my prospects for the future? Who will I become?

23 And we have seen that actually in some research. Gay
24 and lesbian youth had a harder time projecting to the future
25 because they have learned those kind of negative attitudes.

1 In fact, they have had a harder time -- so at a very
2 young age children -- you know, the most accessible type of
3 possible self, I think, is the kind of family relation that one
4 describes. You know, a very young age people might -- sorry,
5 little kids might play and say, "I am the wife" and "I am the
6 mother," things like that.

7 So for gay youth or gay people, really, at whatever
8 age they begin to grapple with those issues, this is -- this is
9 a difficulty. You know, they have to think, well, how would I
10 be, because is it true that, you know, gay -- homosexuals are
11 not happy together?

12 You have to begin to, in a sense, undo some of those
13 effects and in a sense relearn. And that was part of what the
14 therapists were talking about, to relearn better attitudes
15 about yourself and about what it is like to be gay.

16 Q. Dr. Meyer, I would like to show you -- if we could have
17 demonstrative eight -- another example of testimony from Monday
18 from our plaintiffs. Again, from Kristin Perry.

19 "QUESTION: What does the institution of
20 marriage mean to you? Why do you want that?

21 "ANSWER: Well, I have never really let
22 myself want it until now. Growing up as a
23 lesbian, you don't let yourself want it,
24 because everyone tells you you are never
25 going to have it."

1 Do you have a reaction to that?

2 **A.** I think that is a pretty perfect example of what I was
3 just describing, where the person recognizing herself, in this
4 case as a lesbian, applies those notions that some of those
5 things that are relevant to other people, such as marriage
6 here, do not apply to me. I can't hope for that. That is not
7 part of my possible self.

8 And, I guess, she is implying here, presumably
9 because of her being a plaintiff, at some point she began to
10 recognize that, yes, this is something that I could possibly
11 get access to as well. So that's exactly the process I was
12 describing earlier.

13 **Q.** I would like to move to your third and final opinion that
14 you referenced earlier having to do with health outcomes.

15 You have described the stigma attached to being
16 lesbian and gay and the role of minority stress in the lives of
17 gay men and lesbians.

18 Does that stigma and minority stress, according to
19 the research, have an impact or effect on health outcomes for
20 gay men and lesbians?

21 **A.** Yes.

22 **Q.** What is that impact?

23 **A.** Well, as I mentioned earlier, this entire endeavor, this
24 whole stress process that I described, its purpose is to study
25 health determinants, as we call it, of health, the causes of

1 health and disease. And there's been literally hundreds of
2 studies that studied different aspects of this and how it is
3 associated with health outcomes.

4 And we know that for gay men and lesbians and, also,
5 bisexuals, there has been shown a relationship between
6 experiencing those kinds of stressors and negative health
7 outcome or adverse health outcomes.

8 In my area of study those were mental disorders, such
9 as -- there are three classes that we usually study in
10 community studies. Those are anxiety disorders, mood
11 disorders, such as depression, substance use disorders. It is
12 a -- classify disorders. There are also just what we would
13 call general distress or just feeling something, blue and sad,
14 things like that. So there are a variety of outcomes that have
15 been studied.

16 On the other side of it, there's also been health
17 behaviors that are associated with stress, and this minority
18 stress; for example, excess smoking, certain eating behavior,
19 drinking.

20 Again, this is true for the general stress
21 literature, as well as for gay and lesbian populations, with, I
22 guess, the point being that gay and lesbian populations are
23 exposed to more of the stress and -- to distress, which is
24 unique and additive to kind of the general stress that, as I
25 mentioned earlier, everybody experiences. And, therefore, that

1 excess risk, as we call in epidemiological language, that
2 excess risk is associated with excess disease or disorder or
3 whatever the outcome is.

4 So as I said, it could be disorders. It could also
5 be generalized distress.

6 We have also studied something that's called
7 well-being, which is -- some people refer to as a positive
8 mental health.

9 And there has also been studies that show excess in
10 suicide attempts, in particular, in youth.

11 **Q.** And, Dr. Meyer, does the research show that stigma and the
12 minority stress that you talked about contributes to a higher
13 incidence of these adverse mental health consequences or the
14 attempted suicide you talk about in the gay and lesbian
15 population than in the population at large?

16 **A.** Yes. So we look at the relationship between excess risk
17 and -- to see whether it is related to excess in outcome, as we
18 said, of the disease that we are studying. And there has been
19 pretty consistent findings that show excess disorder or higher
20 level of disorder in gay and lesbian populations as compared to
21 heterosexuals.

22 **Q.** I want to be sure we are being clear on a couple of
23 points.

24 Are you saying that being gay or lesbian is in and of
25 itself in any way a mental illness?

1 **A.** No, not at all. What I'm saying is that there's risks
2 that is associated with those social arrangement, with the
3 social situation that I described as stigma and prejudice. And
4 that excess risk is related to excess, as we call it, disorder
5 or to an outcome. It leads to a certain outcome.

6 And because it is excess, it leads to more of the
7 population that is exposed to the risk.

8 But when we study disorders and risk and outcome
9 relationships, it is never expected that everybody who is
10 exposed to a risk is, therefore, diseased somehow.

11 I mean, even in the area of stress, people who are
12 exposed to the most severe type of stressors, like extreme
13 stressors we call them, like war, doesn't mean that all of them
14 are, therefore, going to be affected with a disease such as
15 PTSD.

16 What we look at is excess and relationship between
17 populations. As I said before, I studied patterns of diseases,
18 so we want to see does this population have more of this risk
19 and more of this disease. I don't know if it's clear.

20 **Q.** And a related point I just want to be clear on.

21 Are you saying that all gay men and lesbians suffer
22 from some form of adverse mental health consequences or even
23 that most do?

24 **A.** No. Again, what we look to see is whether this exposure
25 is related to the outcome among some people.

1 I guess another analogy would be when we look at
2 smoking and lung cancer. So we want to see, do people who
3 smoke have more lung cancer than people who don't smoke? And
4 that would indicate one indication of the association between
5 those two, but it actually is not the fact that everybody who
6 smokes gets lung cancer.

7 Going back to the gay and lesbian population, most
8 gay men and lesbians are not disordered, but there is an excess
9 in that population as compared to heterosexuals.

10 **Q.** Do you have a view as to whether the incidents of adverse
11 health consequences of the type that you are describing would
12 be less if we could find a way to reduce the stigma and
13 minority stress experienced by gay men and lesbians?

14 **A.** Yes, I think that it stems from everything that I was
15 saying. When we see people have more of this exposure, they
16 have more of the disorder; and people who have less of this
17 exposure, have less of the disorder.

18 So, for example, if we study within a group of -- we
19 all them respondents, study participants. And we see that some
20 people may have had a lot of those life events and they were of
21 great magnitude. And then we see that they have more of the
22 outcome that we're studying, maybe depression.

23 And then we see that some other people, for many
24 reasons, didn't have that exposure. Maybe for particular
25 circumstances in their own environment they were protected from

1 that or whatever other reasons. And we see that they have
2 fewer -- a lower level of this disorder.

3 So that indicates that more of those stressors are
4 associated with more of the disease, and by definition less of
5 those stressors would be associated with less of that disease,
6 or the diseases that are affected by those.

7 Q. Dr. Meyer, are you familiar with something called Healthy
8 People 2010?

9 A. Yes.

10 Q. What is that?

11 A. We actually refer to that as Healthy People twenty-ten.

12 (Laughter.)

13 MR. DUSSEAUT: I stand corrected.

14 BY MR. DUSSEAUT:

15 Q. And what is Healthy People 2010?

16 A. So, just if you tell people Healthy People two thousand
17 and ten, they would probably not know what you are talking
18 about. We just call it Healthy People twenty-ten.

19 Healthy People is a project of the federal government
20 organized or, I guess, I would say led by the Department of
21 Health and Human Services. And it is the plan for the nation's
22 health for the decade that is coming up. So, actually, right
23 now we will be looking for Healthy People 2020.

24 So Healthy People 2010 is the plan for the health of
25 the nation for the decade that started in 2000 and, obviously,

1 is ending now.

2 **MR. DUSSEAUT:** Could we put demonstrative three up?

3 (Document displayed)

4 **BY MR. DUSSEAUT:**

5 **Q.** Do you have that in front of you, sir?

6 **A.** Yes.

7 **Q.** And this is text from Healthy People 2010?

8 **A.** Yes. And can I explain something about it?

9 **Q.** Sure.

10 **A.** Okay. So Healthy People 2010, the Department of Health
11 and Human Services and many, many -- this is a very long
12 process that involves -- I don't know for exact, but many,
13 many, many professionals and researchers and so forth, both in
14 government and outside of government.

15 And so the main goals that the United States set up
16 for itself in terms of health of the nation, one of the main
17 goals was to reduce health disparities. Health disparities
18 refer to differences between one population to another
19 population where one population has more in excess of any kind
20 of disorder, whether it's a mental or physical disorder.

21 And this is a section from Healthy People 2010 that
22 describes one of those populations, which is a population
23 defined by sexual orientation, and it has identified them as
24 a -- one of our nation's goals to reduce disparities associated
25 with -- in the health of gay and lesbian populations as

1 compared to heterosexuals. So that's what this is.

2 **Q.** Okay. And let me just read so, again, the record is clear
3 what you are looking at. It says:

4 "Sexual orientation. America's gay and
5 lesbian population comprises a diverse
6 community with disparate health concerns.
7 Major health issues for gay men are HIV/Aids
8 and other sexually transmitted diseases,
9 substance abuse, depression and suicide. Gay
10 male adolescents are two to three times more
11 likely than their peers to attempt suicide.
12 Some evidence suggests lesbians have higher
13 rates of smoking, overweight, alcohol abuse,
14 and stress than heterosexual women."

15 And then we have highlighted the last sentence.

16 "The issues surrounding personal, family, and
17 social acceptance of sexual orientation can
18 place a significant burden on mental health
19 and personal safety."

20 In your view, is this finding from Healthy People
21 2010 relevant to your own opinion as to health outcomes and the
22 relationship to stigma and minority stress?

23 **A.** I think it basically describes what I was talking about
24 today, and this is pretty much what I describing.

25 **MR. DUSSEAUT:** Okay. Can we also show the chart?

1 Do we have the chart?

2 (Document displayed)

3 **BY MR. DUSSEAUT:**

4 **Q.** As we are reaching the end here, I want to just put a
5 chart up here, which begins with social structure and then has
6 a box on top, "Coping Resources," the top in the middle. And
7 then bottom middle, "Stress (General and Prejudice-related)."
8 And then on the right "Health Outcomes (Disease)."

9 Can you explain what this chart depicts?

10 **A.** This is a very, very schematic, simple way of basically
11 demonstrating the causal chain that I was describing to you
12 today that goes from the left to the right, with the health
13 outcomes being our outcome of interest.

14 The social structure and social status are here to
15 the left as determinants of stressors that people experience,
16 as well as coping resources.

17 What we mean by that is that stress and coping
18 resources are not randomly assigned to people in society, but
19 they depend on their own social structures.

20 And it could mean something simple as if you are
21 employed, you can get fired from your job. But if you are not
22 employed, obviously, you cannot have that kind of event. So
23 events do not just happen in a random order.

24 Specifically to the topics that I was discussing
25 today, what it shows is the social status and the stigma lead

1 to exposure to specific stress -- stressors, such as the ones
2 that I described that I call minority stress.

3 And I described here both general and
4 prejudice-related to indicate that everybody experiences
5 general stressors, as I described them, or just plain stress,
6 and then there is added prejudice-related stress.

7 And on the top, "Coping Resources" relates to what I
8 was describing before as the protective role of coping. And in
9 coping -- all of this is very simplistic, but there are a lot
10 more behind each of those boxes, as we just discussed at
11 length; the stress, for example.

12 There is a lot more that can be said about coping,
13 for example, and social support is part of that. And it
14 basically shows what we look for is how does this whole process
15 affect health outcomes.

16 Q. Dr. Meyer, I want to ask you one last thing as we close
17 here.

18 Do you have a view as to whether the mental health
19 outcomes of gay men and lesbians in California would improve if
20 Prop 8 were not the law of California and gay men and lesbians
21 were permitted to marry?

22 A. I do.

23 Q. What is that view?

24 A. I think consistent with everything that I have said, and
25 consistent with my work on the relevance of the social

1 environment of social structures, and consistent with findings
2 that show that when people are exposed to more stress, they
3 fare worse than when they are exposed to less stress.

4 I think that if California -- and, also, consistent
5 with the things I said earlier in terms of the proscriptive
6 elements of Proposition 8, of the law having a constitutional
7 amendment that basically says, you know, to gay people, you are
8 not welcome here, that the opposite of that clearly would send
9 a positive message. You are welcome here. Your relationships
10 are valued. You are valued. We don't approve with
11 rejection -- sorry. We don't approve rejection of you as a gay
12 person as a state. And that has a very significant power.

13 As we all know, the law in the state is a very
14 important party to creating the social environment. So clearly
15 it's not the only thing that determines even experiences of
16 prejudice and discrimination, but it is certainly a very major
17 player, major factor, in creating this social environment that
18 I described as prejudicial or stigmatizing.

19 Q. Thank you, Dr. Meyer.

20 MR. DUSSEAUT: Your Honor, I have nothing further at
21 this time.

22 THE COURT: Very well. Why don't we take 10 minutes,
23 counsel, to get ready for cross-examination.

24 We seem to be falling a little bit behind our
25 schedule and so I'm going to suggest, if it's agreeable with

1 counsel, that we go a bit past 4:30 so that we can get in today
2 everything that we had anticipated getting in.

3 Does that sound reasonable?

4 **MR. BOUTROUS:** That sounds great, your Honor.

5 **THE COURT:** Very well, good.

6 (Whereupon there was a recess in the proceedings
7 from 2:58 p.m. until 3:17 p.m.)

8 **THE COURT:** Mr. Boies?

9 **MR. BOIES:** Your Honor, to perhaps allay some
10 concerns to the Court about our pace, as I just explained to
11 counsel for the defendants, we believe that we are on pace to
12 finish Wednesday of this coming week. That is, we believe that
13 we will be able to complete our case using tomorrow, Tuesday
14 and Wednesday.

15 **THE COURT:** Okay.

16 **MR. BOIES:** And that is true even if we do not do
17 Ms. Zia today. I had told the Court that we had hoped to get
18 Ms. Zia in today; but even if we don't get her in today, we're
19 still on target to finish on Wednesday.

20 **THE COURT:** Well, that's fine. Is that a suggestion
21 that we not go beyond 4:00 o'clock?

22 **MR. BOIES:** No, your Honor, it's not, but I did
23 want -- having consulted with counsel for defendants, I think
24 their cross may very well take us somewhat beyond 4:00 o'clock.
25 And I just wanted the Court to know that we could go longer,

1 and Ms. Zia is here, or we could go with Ms. Zia sometime
2 tomorrow.

3 **THE COURT:** Well, let's just see how far we get and
4 if we can certainly finish Mr. Meyer, that would be most
5 helpful, and if we can get in Ms. Zia, that's all to the
6 better. But let's take one step at a time.

7 **MR. BOIES:** Thank you, your Honor.

8 **THE COURT:** Cross examine.

9 **MR. NIELSON:** Yes, thank you. Good afternoon, your
10 Honor.

11 **CROSS EXAMINATION**

12 **BY MR. NIELSON:**

13 **Q.** Good afternoon, Professor Meyer.

14 **A.** Good afternoon.

15 **THE COURT:** You are?

16 **MR. NIELSON:** Howard Nielson for the
17 Defendant-Intervenors.

18 **BY MR. NIELSON:**

19 **Q.** I have already put a witness binder on your stand. You
20 should have that, and it should also have been given to the
21 Court. And I think we have a couple of witness binders for
22 opposing counsel as well.

23 Professor Meyer, could you turn to tab one of the
24 witness binder?

25 (Witness complied.)

1 A. Yes.

2 Q. Thank you. You will find an exhibit there, a document
3 there pre-marked PX 934.

4 A. Yes.

5 Q. Can you identify this document?

6 A. Yes. It's a research article by Evelyn Hooker published,
7 I believe, in 1954 or so.

8 Q. Are you familiar with this study?

9 A. Yes.

10 Q. Thank you.

11 Now, in his expert report Professor Herek said:

12 "This is now considered a classic study in
13 one of the first methodologically rigorous
14 examinations of the mental health status of
15 homosexuality."

16 Are you familiar with Professor Herek?

17 A. Yes.

18 Q. Do you agree with that characterization of the study?

19 A. Can you repeat just the characterization?

20 Q. Yes. He said:

21 "It is now considered a classic study and one
22 of the first methodologically rigorous
23 examinations of the mental health status of
24 homosexuality."

25 A. Yes.

1 Q. Now, according to Professor Herek, quote:

2 "Dr. Evelyn Hooker administered a battery of
3 widely-used psychological tests to groups of
4 homosexual and heterosexual males who were
5 matched for age, I.Q. and education. The men
6 were recruited from non-clinical settings.
7 None of the men was in therapy at the time of
8 the study. The heterosexual and homosexual
9 groups did not differ significantly in their
10 overall psychological adjustment as rated by
11 independent experts who were unaware of each
12 man's sexual orientation."

13 Do you agree with that description of the study's
14 results?

15 A. Yes.

16 Q. Is there not some tension between Dr. Hooker's conclusions
17 and your opinions that LGB individuals suffer from a higher
18 prevalence of adverse mental health outcomes than
19 heterosexuals?

20 A. Not at all.

21 Q. Please turn to tab three in the witness binder.

22 (Witness complied.)

23 Q. And you will see a document that is premarked DIX-1247.

24 THE COURT: By the way, are you moving in 934, or has
25 it already come in?

1 **MR. NIELSON:** I'm not sure, but I will ask that I --
2 that that be admitted.

3 **THE COURT:** All right. 934 is admitted.

4 **MR. DUSSEAU:** No objection.

5 (Defendants' Exhibit 934 received in evidence)

6 **MR. NIELSON:** And I apologize for not doing that at
7 the first.

8 **BY MR. NIELSON:**

9 **Q.** Okay, your Honor -- excuse me, Professor Meyer. Now, can
10 you identify this article.

11 **A.** Which exhibit is it?

12 **Q.** Tab three. It's exhibit DIX-1247.

13 **A.** Okay. Yes, this is my article.

14 **Q.** And, in fact, it's the same article that you talked about
15 on your direct examination, correct?

16 **A.** Correct.

17 **MR. NIELSON:** And I happened to hear -- both
18 defendants and plaintiffs separately designated this. I have
19 my copy in front of me. I will move it into evidence, just as
20 an abundance of caution in case --

21 **MR. DUSSEAU:** No objection.

22 **THE COURT:** Okay. It came in, however, as
23 Plaintiffs' --

24 **MR. NIELSON:** It's PX 1003, your Honor.

25 **THE COURT:** Fine. Thank you. We will refer to it as

1 that.

2 MR. NIELSON: All right.

3 BY MR. NIELSON:

4 Q. Now, I would like you to look at page 683 of the article,
5 and that's going by the pagination from the journal that it was
6 published in.

7 A. Yes.

8 Q. I'm going to read to you just a few passages from this
9 page just to explore -- explore your opinions that you
10 expressed in this article.

11 The very first, the top of the first column you
12 write:

13 "Despite a long history of interest in the
14 prevalence of mental disorders among gay men
15 and lesbians, methodologically sound
16 epidemiological studies are rare. The
17 interest in mental health of lesbians and gay
18 men has been clouded by shifts in the social
19 environment within which it was embedded.
20 Before the 1973 declassification of
21 homosexuality as a mental disorder, gay
22 affirmative psychologists and psychiatrists
23 sought to refute arguments that homosexuality
24 should remain a classified disorder by
25 showing that homosexuals were not more likely

1 to be mentally ill than heterosexuals."

2 Now, you wrote that, correct?

3 A. Yes.

4 Q. And you believe that's correct?

5 A. Yes.

6 Q. Okay. Thank you.

7 Now, skip down to the next paragraph. About the
8 middle of the paragraph it's -- it says, "In the social
9 atmosphere of the time." Do you see that line? I'm going to
10 read that. It's about the middle of the next --

11 A. Yes.

12 Q. (As read)

13 "In the social atmosphere of the time,
14 research findings were interpreted by gay
15 affirmative researchers conservatively so as
16 to not erroneously suggest that lesbians and
17 gay men had high prevalences of disorder."

18 Now, again, you wrote that, correct?

19 A. Yes.

20 Q. And you agree with that?

21 A. I wrote the entire article.

22 Q. Yes, okay.

23 (Laughter.)

24 Q. Then you are different from some of the professors I had.

25 A. I'm sorry. I don't mean to...

1 Q. All right. And then -- now, at the bottom that paragraph
2 it says:

3 "Thus, most reviewers have concluded that
4 research evidence has conclusively shown that
5 homosexuals did not have abnormally elevated
6 psychiatric symptomatology compared with
7 heterosexuals. This conclusion has been
8 widely accepted and has been often restated
9 in most current psychological and psychiatric
10 literature."

11 Correct?

12 A. Yes.

13 Q. Now, you believe that this quote "widely accepted," and
14 "often restated view" is incorrect?

15 A. Do I believe that that --

16 Q. This "widely accepted" and "often restated view" is
17 incorrect?

18 A. I believe that it was, as I said here -- you mean --

19 Q. The view that homosexuals did not have abnormally elevated
20 psychiatric symptomatology compared with heterosexuals; that
21 you said that view is widely accepted and often restated.

22 Do you believe that view is incorrect?

23 A. I said that it was in the past.

24 Q. Okay, it was in the past.

25 My question, though, is: Do you believe that is

1 incorrect, that view?

2 A. I have to explain the context of those studies, because --

3 Q. I'm sorry. I am going to move things along. You had a
4 chance to explain your views at length on direct.

5 A. Right.

6 Q. And if opposing counsel thinks it is necessary, you can
7 have an opportunity on redirect, but right now I really just
8 want to know "yes" or "no."

9 Do you believe that view -- that past view, if you
10 will, is incorrect?

11 A. I'm sorry. I cannot answer you like that because we are
12 talking about what we call different generations of studies,
13 and it's just -- if I could explain, I would explain.

14 But, for example, Evelyn Hooker's study was correct.
15 So if you are asking do I feel that it was not correct, it was
16 correct, but I don't think that it addressed the question that
17 you are asking me about the prevalence of disorders.

18 Q. Well, what I'm asking is: Do you believe that -- in your
19 own words you said:

20 "Homosexuals did not have abnormally elevated
21 psychiatric symptomatology compared with
22 heterosexuals."

23 Do you believe that it is -- that it is correct that
24 homosexuals do not have abnormally elevated psychiatric
25 symptomatology compared with heterosexuals?

1 A. I don't believe that, as I described the evidence today.

2 Q. So you believe that is incorrect?

3 A. As of today, yes.

4 Q. Okay. Thank you.

5 And that view is inconsistent with your testimony in
6 this case, correct? Not the view you just expressed, the view
7 that is the quoted here?

8 A. Right. My view is -- my research evidence that is recent
9 has shown that, in fact, gay and lesbian population do have
10 higher rates of some disorders.

11 Q. So that opinion is inconsistent with what you said was
12 once the widely accepted and often restated view?

13 A. Correct.

14 Q. Thank you.

15 Look at the next paragraph. The very first line you
16 say:

17 "More recently, there has been a shift in the
18 popular and scientific discourse on the
19 mental health of lesbians and gay men. Gay
20 affirmative advocates have begun to advance
21 minority stress hypothesis claiming that
22 discriminatory social conditions lead to poor
23 health outcomes."

24 Correct?

25 A. Yes.

1 Q. And that is your position, correct?

2 A. Yes.

3 Q. Thank you.

4 And I notice you used the -- that one of the
5 citations, in fact, after that sentence is to your own work,
6 correct?

7 A. Correct.

8 Q. It says "Meyer, 2001"?

9 A. Correct.

10 Q. So you consider yourself a, quote, gay affirmative
11 advocate, correct?

12 A. I'm considering myself a gay affirmative scientist, and I
13 certainly advocate for the improvement of the social
14 environment for gay men and lesbians, yes.

15 Q. And the exact words you used here were "gay affirmative
16 advocates." And you used that in connection with the citation
17 to yourself.

18 So do you believe yourself to be a gay affirmative
19 advocate?

20 A. Among other things that I am, such as a social scientist.

21 Q. So, yes, correct?

22 A. Yes.

23 Q. All right. Thank you.

24 And, in fact, you contributed money to the No On 8
25 campaign, correct?

1 A. Yes.

2 Q. In fact, you did so on two occasions, correct?

3 A. I don't remember, but I did contribute to them because I
4 thought that the cause was something that I agreed with.

5 Q. All right. Thank you.

6 And please look at tab number four.

7 (Witness complied.)

8 Q. This is something that we got off the San Francisco
9 Chronicle's data base. It tracked the Proposition 8
10 contributions.

11 Does this reflect your recollection about your
12 contributions to Proposition 8, to the No On 8 campaign?

13 A. I don't have independent recollection, but I don't have
14 any reason to doubt it either, so.

15 Q. All right. Okay. Thank you.

16 All right. In your testimony, writings and the
17 expert report that I read, I notice that sometimes you refer to
18 the minority stress model and sometimes you refer to the social
19 stress model. For purposes of your opinions in this case, are
20 those synonyms?

21 A. No.

22 Q. Are they essentially synonyms for purposes of your opinion
23 here?

24 A. Well, one is a case of the other, so they refer to similar
25 theories, but the minority stress, per se, is the theory that I

1 described earlier, as I described those stressors that are
2 specific to gays and lesbians.

3 But it's -- the social stress is kind of like a
4 broader category that would fit in it. So I don't know if you
5 want to say that that's a synonym or not, but the minority
6 stress is one of the models that are used as a -- within the, I
7 would say, rubric of social stress.

8 Q. When we are talking about stress received by disadvantaged
9 groups, would the social stress theory or the social stress
10 model and minority stress model be synonyms?

11 A. I think, as I just explained, the minority stress is
12 usually used to the gay and lesbian population because, for
13 example, it as things like internalized homophobia or -- that
14 are specific.

15 But in the social stress, for example, with
16 African-Americans I would say the most prominent article
17 discussed racism and stress, which is --

18 Q. Okay. But --

19 A. -- is parallel I guess.

20 Q. So minority stress is a subset of social stress?

21 A. Right, right, but I --

22 Q. Okay. Thank you.

23 And sometimes you use the word "minority stress
24 theory." Sometimes you say "minority stress model." Is that
25 essentially synonymous?

1 A. Yes. The -- yes, I guess.

2 Q. Thank you.

3 All right. I just wanted to clarify that, because
4 you used these -- these were different words in some of our
5 articles and I just want to make sure that we're on the same
6 page.

7 A. Sure.

8 Q. Now, the social stress model or, if you will, the minority
9 stress model predicts the individual's --

10 (Court reporter interruption.)

11 Q. The social stress model or the minority stress model, I
12 guess I should say the minority stress model, predicts that
13 individuals who are members of disadvantaged groups receive
14 more stress than individuals who are not members of those
15 groups, correct?

16 A. Yes, and that would be true of the social stress as well.

17 Q. Okay. So in that case they are synonyms?

18 A. Yes.

19 Q. Okay. Thank you.

20 And the model predicts that as a result of social
21 stress or as a result of minority stress, individuals who are
22 members of disadvantaged groups will have worse mental health
23 outcomes than individuals who are not members of those groups,
24 correct?

25 A. Yes.

1 Q. All right. And at least as a theoretical matter, those
2 two premises should apply to other disadvantaged groups,
3 correct?

4 A. That I would say is a question that is of great interest,
5 but I cannot say correct or incorrect on the way that you
6 described it.

7 Q. Okay. Even as a theoretical matter, you can't say that
8 that's correct?

9 A. As a theoretical matter, we look at commonalities and
10 divergences across populations in order to probe our theories
11 and to understand how things work. So there are commonalities
12 as the way that you described them, yes.

13 Q. And --

14 A. There are also dissimilarities, of course. So we -- we
15 try to analyze the balance of those in learning about
16 theoretical issues.

17 Q. Okay. I would like you to turn to tab number eight in the
18 witness binder.

19 (Witness complied.)

20 A. Yes.

21 Q. And you'll find a document pre-marked DIX-2519.

22 A. Yes.

23 Q. Can you identify that document?

24 A. Yes. That's an interview that I -- I was interviewed by
25 this person, David Van Nuys, and I believe it's a transcription

1 of that interview. It was an oral, you know, internet radio
2 interview.

3 Q. Yes, thank you.

4 And in that interview you discussed some of the
5 studies and work that you have conducted, correct?

6 A. Yes.

7 Q. All right. Thank you.

8 MR. NIELSON: Your Honor, I would like to move
9 DIX-2519 into evidence.

10 MR. DUSSEAU: No objection.

11 THE COURT: Very well.

12 (Defendants' Exhibit 2519 received in evidence.)

13 MR. NIELSON: Okay. Thank you.

14 BY MR. NIELSON:

15 Q. And I would like to look at the third page of the exhibit.

16 A. Yes.

17 Q. Sorry. I want to look at the second to the bottom
18 paragraph on that page, and it says:

19 "So some of the findings that we had, for
20 example, is when we look at stress exposure.

21 So we wanted to study each aspect of this
22 theory because a lot of the elements of the
23 stress theory, especially when it comes to
24 social stress, are often assumed but not
25 tested. And we wanted to test carefully the

1 entire process. So the first hypothesis --
2 you know, it's a pretty big hypothesis, there
3 are a lot of different studies about that --
4 is do disadvantaged groups, in fact, have
5 more stress."

6 Correct? So that -- that doesn't distinguish gays
7 and lesbians from other disadvantaged groups, correct?

8 **A.** Right. That will be a general test of the social stress
9 model. As you said, the first assumption is the disadvantaged
10 is associated with added stress.

11 **Q.** Right, right. And I would like to go up earlier on that
12 page, your second full response. You say:

13 "So around this, I designed the study and the
14 study included 524 men and women who were New
15 York City residents. And there were people
16 who were in those different groups that we
17 can identify based on this so that we can
18 test this theory. So they were gay and
19 lesbian bisexual versus heterosexual; they
20 were women versus men; and they were black
21 and Latino versus white. And we looked at
22 those three disadvantaged statuses and to
23 what extent those disadvantaged statuses are
24 related to an increase in stressors as the
25 theory would say, and to what extent, if they

1 do have those increases in stressors, do
2 they, in fact, lead to certain mental
3 disorder."

4 A. Yes.

5 Q. So at least as a theoretical matter, the social stress
6 theory would predict that for each of those three groups, the
7 disadvantaged group would experience more stress and have worse
8 mental health outcomes, correct?

9 A. Correct.

10 Q. All right. Thank you.

11 Turning back to LGB, the LGB individuals in
12 particular. You believe that as a result of -- you believe
13 that due, in part, to minority status, the LGB population has
14 about twice as many mental health disorders as heterosexuals,
15 including mood, anxiety and substance use disorders, correct?

16 A. Yes.

17 Q. And you also believe that the LGB population suffers from
18 a higher prevalence of mood anxiety or substance use problems
19 that do not meet criteria for a formal psychiatric order, but
20 are nevertheless indicative of stress, correct?

21 A. Yes.

22 Q. Okay. Thank you.

23 And you also believe that LGB individuals have lower
24 levels of well-being than heterosexuals, correct?

25 A. Yes.

1 Q. And you believe there is a higher incidence of suicide
2 attempts among the LGB individuals compared to heterosexual
3 individuals, correct?

4 A. Repeat, please?

5 Q. You believe that there's a higher incidence of suicide
6 attempts among LGB individuals than among heterosexual
7 individuals?

8 A. Yes.

9 Q. Okay. And where one LGB individual suffers from minority
10 stress, it would tend to affect the other partner as well,
11 correct?

12 (Brief pause.)

13 Q. Let me rephrase that.

14 When an LGB individual is in a relationship, intimate
15 relationship with another individual, where one LGB individual
16 suffers from minority stress, it would tend to affect the other
17 partner as well, correct?

18 A. I think that's true of all partners. When something bad
19 happens to one of them, surely it will affect the other.

20 Q. So it's a yes, correct?

21 A. Yes.

22 Q. Okay. Thank you.

23 A. I just would say it's not unique to LGB in this case.

24 Q. Okay. It's not unique, but it would be true?

25 A. Yes.

1 Q. Okay. Thank you.

2 A. I assume -- you know, it's kind of theoretical. I would
3 assume that it would affect the other person, too, who is -- if
4 his loved one experienced something.

5 Q. And specifically if one of the members of the partnership
6 or the marriage, whatever it might be, if they suffered -- one
7 member suffered from minority stress, it would increase general
8 stress on the relationship and would have a negative impact on
9 their satisfaction, correct?

10 A. Yes. Some of the stressors -- you know, this is in
11 general, kind of an average.

12 So some of those stressors would definitely have this
13 effect. And I particularly studied internalized homophobia as
14 an example of that type of effect, but there might be more
15 minor things that may not have this effect.

16 Q. Okay. Thank you.

17 Now, you believe that the adverse mental health
18 outcomes among the LGB population that you believe you have
19 identified are due, in part, to minority stress, correct?

20 A. Yes.

21 Q. Emphasis on "due in part."

22 A. It's not that I identified all those differences. There
23 are many studies and even in the article that we just
24 discussed, I rely on other studies by summarizing them, but --

25 Q. My question is really getting --

1 **MR. DUSSEAUT:** Could I object to the extent counsel
2 is interrupting the answers? He is asking the question and the
3 witness is answering and he needs to be permitted to answer.

4 **MR. NIELSON:** I'll try and be careful. I'm trying to
5 move things along, but...

6 **THE COURT:** All right. Well, maybe you can point
7 your questions and the witness can point his answers and,
8 hopefully, you will meet in the middle.

9 (Laughter.)

10 **A.** I was just making the point that you said that I found
11 those -- the evidence about a higher prevalence, and I just
12 made the point that it is not all my studies.

13 **BY MR. NIELSON:**

14 **Q.** Correct. Thank you. And I appreciate your making that
15 clear.

16 My question, though, what I'm really getting at is:
17 These mental health outcomes can also result from other causes,
18 correct?

19 **A.** Yes.

20 **Q.** And some of those causes would be unrelated to stress,
21 correct?

22 **A.** Yes.

23 **Q.** And some -- even for stress-related causes, some of those
24 stressors would be not related to minority stress, correct?

25 **A.** Yes.

1 Q. General stressors, I think you -- is the term you used --

2 A. Yes.

3 Q. -- correct?

4 Okay. Thank you.

5 And those sorts of general stressors are not
6 dependent on membership in a disadvantaged group, correct?

7 A. Correct.

8 Q. All right. At least as a theoretical matter, the social
9 stress model would predict that women experience more stress
10 than men, correct?

11 A. It's correct with some -- it's correct that we would look
12 for that prediction, yes.

13 Q. Okay. Thank you.

14 And in this interview, as you describe your work, you
15 actually found that men and women did not have different levels
16 of overall stress, correct?

17 A. Yes.

18 Q. And this is something that's also found in the general
19 literature, correct?

20 A. Yes.

21 Q. So regarding gender, the expectations of social stress
22 theory, the disadvantaged group, in this case women, would have
23 more exposure to stress is not verified by your studies,
24 correct?

25 A. Yes.

1 Q. And this expectation, the social stress theory regarding
2 women, is not verified by many other studies either, correct?

3 A. Yes.

4 Q. Thank you.

5 And the social stress model would predict that
6 African-Americans and Latinos suffer from a higher prevalence
7 of mental disorders than non-Hispanic whites, correct?

8 A. As a group, yes.

9 Q. Thank you.

10 Now, in the study that you describe in this
11 interview, you, in fact, found that African-Americans and
12 Latinos do not have more stress -- or, excuse me, they do have
13 more stress than non-Hispanic whites, correct?

14 A. Correct.

15 Q. But you found that African-Americans and Latinos do not
16 have more mental disorders than whites, correct?

17 A. Correct.

18 Q. And this is a finding that's not unique to this study,
19 correct?

20 A. Yes.

21 Q. This finding seems to be valid because it's been shown
22 with other populations in general studies, correct?

23 A. I think -- other populations, you mean that studied the
24 same thing? Other studies, yeah.

25 Q. Yes, okay. I was actually just quoting directly from your

1 words --

2 A. Yeah. Other studies that use other samples and so forth,
3 yes.

4 Q. Please look at the third paragraph of your first full
5 answer on page four. And, again, we're still in this interview
6 you gave.

7 And it starts with "However." Can you see that,
8 Professor Meyer?

9 A. Page four --

10 Q. Your first full answer. It's about the middle of the
11 page. And I'm going to read that to you. You say:

12 "However, regarding the blacks and Latinos,
13 we found an interesting finding.

14 And, in fact, that just repeats what I said, so I'm
15 going to skip to the middle --

16 A. Okay.

17 Q. -- where it says:

18 "So blacks and Latinos have more stress, but
19 they don't have more mental disorders. So
20 that's very bewildering, again, from the
21 social stress perspective because you
22 question whether your theory is correct. If
23 they have more stress and the stress is a
24 cause of disorders, which is what this whole
25 study is about, then how come they don't show

1 more disorders?"

2 Okay. Now, you wrote that, correct?

3 A. Yes.

4 Q. Or, rather, you said it probably, because it was an
5 interview.

6 A. Right, but probably have written something like that as
7 well.

8 Q. Okay. And the social stress model would also predict that
9 within the LGB community, African-Americans and Latino LGB
10 individuals, would suffer from a higher prevalence of mental
11 disorders than white non-Hispanic individuals, correct?

12 A. I'm sorry. The study that you quoted before was about
13 African-American and Latino gay and lesbian people.

14 Q. Yes. I --

15 A. Are you asking now a different --

16 Q. Well, in the study we just talked about, you said this was
17 true in the general population as well.

18 A. Right. So it's true -- but the study that I conducted was
19 about black and Latino gay men and lesbians as compared to
20 white gay men and lesbians.

21 Q. All right. And I want you to look at another study you
22 did that's -- that's clearly -- more clearly pointed just at
23 that within the LGB group. But I take your point, so thank you
24 for clarifying that.

25 A. Okay.

1 Q. But let me ask one clarifying question.

2 The general pattern, you said in this article, is
3 true for non-LGB as well, correct, for both men versus women
4 and for the ethnicity and race groups?

5 A. I would limit it to African-Americans versus white,
6 because it's a little complicated with Latinos; but, yes,
7 African-Americans versus white.

8 Q. Okay. But -- but the social stress model would predict
9 that within the LGB community, African-American and Latino LGB
10 individuals would suffer from a higher prevalence of mental
11 disorders than white non-Hispanic LGB individuals, correct?

12 A. That was a hypothesis that we tested, yes.

13 Q. Thank you.

14 And you tested that because that's what the social
15 stress theory or the minority stress theory would predict,
16 correct?

17 A. We tested because we wanted to see whether -- there's
18 actually an alternative prediction, too. So it's a little bit
19 more complex than the way you are describing it. But we -- we
20 test the hypothesis because we always pose one side of the
21 hypothesis.

22 In fact, in this matter of gay and lesbian, which we
23 call kind of having dual minority identities, the one theory or
24 one hypothesis that they would have more -- because they now
25 have two kind of minority identities or disadvantaged, but the

1 other theory was that they actually would do better because
2 somehow their experience as black and exposed to racism would
3 somehow give them special coping ability so that when they deal
4 with the gay homophobia, that they can somehow do better.

5 So those are the two sides, and we certainly posed
6 the hypothesis as one side when we tested it.

7 **Q.** Well, two questions. First of all, do you consider that a
8 very parsimonious explanation?

9 And I don't mean your words. I mean as a theoretical
10 matter. Is that a parsimonious theory?

11 **A.** Parsimonious in what way?

12 **Q.** In the way you use it in the social sciences. And you
13 have used that word.

14 **A.** Exactly, but I have used it in different contexts, so --

15 **Q.** My understanding is that parsimonious means simple, and
16 that in the social sciences -- in science in general a simpler
17 answer is preferred to a more complex one, as long as they both
18 fit the data, is that correct?

19 **A.** You want me to say if that is preferable in social
20 sciences?

21 **Q.** Yes.

22 **A.** There is disagreements about that. So a more parsimonious
23 explanation is preferable if you look to kind of -- in some
24 ways, you know, you are looking for the pithiest and
25 most simple, as you said, explanation that can explain the

1 widest phenomenon.

2 But on the other side of parsimony, there are people
3 and, you know, a study that -- a philosophy of sciences that
4 say that parsimony is not good because it doesn't allow you to
5 understand the details and the workings; that it could
6 oversimplify, in other words.

7 So that is a debatable thing. But, certainly, we are
8 interested in those questions of parsimony in the way that may
9 be referred to.

10 Q. Okay.

11 A. So we are interested in those questions. We want to see,
12 is it parsimonious? Is it explaining a cross situation and a
13 cross populations and so forth. It's certainly what makes my
14 work interesting.

15 Q. Okay. Thank you.

16 Now, please, look at tab nine in the witness binder.

17 (Witness complied.)

18 Q. And you will find a document that's pre-marked DIX-1253?

19 A. Yes.

20 Q. Can you identify this document?

21 A. Yes. That's an article I published in the *American*
22 *Journal of Public Health* in 2008.

23 Q. Thank you.

24 MR. NIELSON: And, your Honor, I would like to
25 introduce DIX-1253 into evidence.

1 **MR. DUSSEAU:** No objection.

2 **THE COURT:** 1253 is admitted.

3 (Defendants' Exhibit 1253 received in evidence.)

4 **MR. NIELSON:** Thank you.

5 **BY MR. NIELSON:**

6 **Q.** And this document describes a study that you conducted,
7 correct?

8 **A.** Yes.

9 **Q.** Thank you.

10 And, please, look at the top -- there's three columns
11 actually, but look in the first page, the top of the first
12 column -- or the second column, the middle column?

13 **A.** Uh-huh.

14 **Q.** And now you stated a minute ago that you were -- you were
15 not inclined to agree with my statement that the social stress
16 theory would predict that black and Latino lesbians -- well,
17 LGB individuals would have more mental disorders than white
18 non-Hispanic LGB individuals.

19 But I would like to read that to you. It says,"
20 Social stress theories" --

21 **A.** I don't think I said that.

22 **Q.** Well, do you agree with that?

23 **A.** Can you repeat it?

24 **Q.** Okay. The social stress model would also predict that
25 within the LGB community African-American and Latino LGB

1 individuals would suffer from a higher prevalence of mental
2 disorders than white non-Hispanic individuals, correct?

3 A. Yes. I said that was the hypothesis we tested.

4 Q. Okay.

5 A. So I didn't disagree with that, but I also said that there
6 is -- there is a debate, you know, that we tried to address in
7 studying this topic. So there is one side and the other side
8 in terms of the dual identity. That's what I was saying
9 earlier.

10 So that was the hypothesis we tested --

11 Q. Now, the --

12 (Court reporter interruption.)

13 Q. Have you completed your answer?

14 A. Yes.

15 Q. I apologize.

16 Now, the first sentence here says:

17 "Social stress theories lead us to expect
18 that compared with socially advantaged
19 groups, disadvantaged groups are at a higher
20 risk for mental disorders."

21 A. Yes.

22 Q. You agree with that statement, correct?

23 A. Yes.

24 Q. So we, thus, hypothesized, one, that black and Latino
25 lesbians, gay men and bisexual individuals have more mental

1 disorders than do white lesbian gay men and bisexual
2 individuals because they are more -- exposed to more stress
3 related to prejudice, discrimination -- excuse me, prejudice
4 and discrimination associated with their race, ethnicity?

5 A. Correct.

6 Q. All right. And you believe that hypothesis followed from
7 the social stress theory, correct?

8 A. Yes.

9 Q. Thank you.

10 All right. And then in this study you found that
11 African-Americans and Latino lesbians, gay men and --

12 (Court reporter interruption.)

13 Q. And in this study you found that African-American and
14 Latino lesbians, gay men and bisexual individuals did not have
15 a higher disorder prevalence than did white participants,
16 correct?

17 A. Than the white lesbian, gay men and bisexuals.

18 Q. Correct.

19 A. Yes.

20 Q. And I guess the white non-Hispanic lesbian, gay men and
21 bisexuals.

22 A. Right.

23 Q. And this finding was contrary to your hypothesis, correct?

24 A. Right.

25 Q. All right. Thank you.

1 And you found that African-American lesbians, gay men
2 and bisexuals have significantly fewer disorders than did white
3 participants, correct?

4 **A.** I think in some of the findings that was significantly
5 fewer, yes.

6 **Q.** Okay. And let's look at -- let's look at page -- this
7 first page in the third column, and I will read starting with
8 the second paragraph -- the second sentence, it says:

9 "Contrary to our hypothesis, black and Latino
10 lesbians, gay men and bisexual individuals
11 did not have a higher disorder prevalence
12 than did white participants. Indeed, black
13 lesbians, gay men and bisexual individuals
14 had significantly fewer disorders than did
15 white participants."

16 **A.** Right. The black --

17 **Q.** Okay. So that is correct?

18 **A.** Yes. But the -- yes.

19 **Q.** Okay. Thank you.

20 And you found that the prevalence of disorders among
21 Latino lesbians, gay men and bisexual individuals was similar
22 to that --

23 (Court reporter interruption.)

24 **Q.** Okay, sorry.

25 And you found that the prevalence of disorders among

1 Latino lesbians, gay men and bisexual individuals was similar
2 to that of white lesbians, gay men and bisexual individuals,
3 correct?

4 **A.** With the exception of serious suicide attempts, that is
5 correct. But we found them to have a higher prevalence of
6 serious suicide attempts in history.

7 **Q.** But not of disorders generally, correct?

8 **A.** Of those three disorders, right.

9 **Q.** Okay. Thank you.

10 And men and women did not differ substantially in
11 disorder prevalence, correct?

12 **A.** Correct.

13 **Q.** In terms of implications to social stress theory, this
14 study reported inconsistent findings, correct?

15 **A.** Within the context of this particular questions that were
16 raised in this study, but it is not inconsistent with the
17 general -- what I testified to, which was about the difference
18 between gay, lesbian and heterosexual.

19 So within that gay and lesbian group, there was not
20 the finding that supported the idea that if you had an added --
21 sorry, an added minority identity, that that will add more
22 disorders to you.

23 But as a group, they had more disorders than
24 heterosexuals --

25 **Q.** Correct. But the --

1 A. -- which is not reported here because this is just looking
2 at one particular aspect of it.

3 Q. But the results regarding race, ethnicity were
4 inconsistent with your predictions made on the basis of social
5 stress theory, correct?

6 A. Again, within the context of that, yes.

7 Q. Thank you. And these results regarding race and ethnicity
8 were inconsistent with other's predictions made on the basis of
9 social stress theory, correct?

10 A. What is it? With other peoples, yes.

11 Q. Yes, thank you.

12 And you found it notable that the race ethnicity
13 patterns reported here among lesbians, gay men and bisexual
14 individuals were similar to race differences found among
15 heterosexual individuals in general population studies,
16 correct?

17 A. Yes. But, again, as a group, they were all elevated; but
18 the differences within the group of gay men, lesbians were
19 consistent in that sense of that hypothesis that I tested,
20 although there were some differences. But I don't think it's
21 relevant to what you are asking right now.

22 Q. No, I understand that.

23 And you stated that you believed that further
24 research needs to explain the seeming contradiction of social
25 stress predictions, correct?

1 A. Absolutely. We always think that further research is
2 necessary.

3 Q. Yes.

4 A. That's what we do.

5 Q. That's how you stay in business.

6 (Laughter.)

7 Q. And some lawyers predict that litigation is always
8 necessary, too. But, thank you.

9 The social stress model would also predict that
10 within the LGB community, racial and ethnic minorities would
11 suffer from lower levels of well-being than whites, correct?

12 A. Yes. The same rationale.

13 Q. And the social stress model would predict that within the
14 LGB community, racial and ethnic minorities would suffer from a
15 higher prevalence of depression than whites, correct?

16 A. I think -- is it repeating the same thing we discussed,
17 because --

18 Q. I just asked you about mental disorders, which I
19 understood it to be the subject of the study we just read.

20 Now I'm asking about well-being first, and then
21 suicide attempts second.

22 A. Oh, okay. I'm sorry.

23 So regarding well-being. Again, it will be the same
24 basic pattern. You would -- on one hand, the social stress
25 part of it would say they have another minority identity,

1 therefore, they should have more disorder.

2 The coping, I guess, hypothesis you can say would say
3 the opposite.

4 And with regard to suicide, yes, you would expect
5 them to have more.

6 Q. Okay. So the answer is that the social model -- the
7 stress model would predict that within the LGB community,
8 racial and ethnic minorities would suffer from a higher
9 prevalence of depression than whites?

10 A. Yes.

11 Q. Is that correct?

12 And I apologize, I misspoke. The study I'm going to
13 look at next is about depression and well-being.

14 A. Okay.

15 Q. Okay. Thank you.

16 Now, please turn to tab 10 in the witness binder.

17 (Witness complied.)

18 Q. You will find a document that's pre-marked DIX-1252. And
19 can you identify this document?

20 A. Yes. That's another study from the same -- sorry.
21 Another paper that was published from the same study, looking
22 at the different outcomes that you mentioned actually, and it
23 was published in the *American Journal of Orthopsychiatry* in
24 2009.

25 MR. NIELSON: Your Honor, this is also an exhibit

1 that was designated by both parties. I believe the plaintiffs
2 designated it as Exhibit No. 999. And it may have been among
3 that list that Mr. Dusseault submitted, though I can't recall.

4 **THE COURT:** It is.

5 **MR. NIELSON:** Okay. Thank you.

6 **THE COURT:** So that's in.

7 **MR. NIELSON:** It's in? All right. Thank you.

8 **BY MR. NIELSON:**

9 **Q.** Now, this document describes another study you have
10 conducted, correct?

11 **A.** It's the same study. It's a different analysis on the
12 same -- the same sample that was in the other paper we just
13 discussed. So it's the same people, but a different outcome,
14 as you mentioned.

15 **Q.** All right. So it's the same study, but a different aspect
16 of that study?

17 **A.** Exactly.

18 **Q.** All right, thank you.

19 And in this study you did not find decreased
20 well-being or increased depression in racial ethnic minority
21 respondents as a whole, correct?

22 **A.** In the -- again, those are the gay and lesbian black
23 and -- yes. Consistent with what we were just saying with the
24 other study, yes.

25 **Q.** Right. And this finding was contrary to your hypotheses

1 stemming from minority stress theory about the added stress
2 that racial, ethnic, minority status would place on --

3 (Court reporter interruption.)

4 Q. Sorry.

5 And this finding was contrary to your hypotheses
6 stemming from minority stress theory about the added stress
7 that racial, ethnic, minority status would place on LGB
8 individuals, correct?

9 A. Yes.

10 Q. And your finding regarding mental health and well-being of
11 African-American LGB persons is consistent with results of
12 studies of the general population that found that despite
13 greater exposure to discrimination and prejudice,
14 African-Americans do not have a higher prevalence of most
15 common mental disorders than whites, correct?

16 A. Yes.

17 Q. And studies have found this is true with respect to both
18 the general population and LGB populations, correct?

19 A. Again, it's correct in the sense of black versus white
20 LGB, but the LGB versus heterosexuals, which is what I was
21 testifying to, that was higher.

22 But in the general population, meaning non- -- well,
23 not necessarily gay samples, the finding is that as you
24 described it.

25 Q. Okay. And we will turn to the studies of heterosexuals

1 versus LGB individuals immediately after this exhibit, but I'm
2 testing the minority stress theory generally, which is why I'm
3 exploring some of the work you've done relating to gender and
4 race.

5 A. Okay.

6 Q. Now, other studies have shown that African-Americans, in
7 fact, have higher self-esteem and well-being than whites,
8 correct?

9 A. That's in the general population.

10 Q. Yes.

11 A. Yes.

12 Q. Look at page eight of this exhibit. And, again, we are at
13 tab 10.

14 Starting about halfway down in the middle of the
15 paragraph at the bottom of the second column, I'm going to read
16 that to you. It says:

17 "That our results show inconsistent support
18 for minority stress hypotheses should lead to
19 a reexamination and, if necessary,
20 elaboration of the minority stress model. We
21 are particularly struck by the finding that
22 black LGB respondents, clearly a
23 disadvantaged social group in American
24 society, do not show higher levels of
25 depressive symptoms and lower levels of

1 well-being than their white counterparts.
2 This finding clearly challenges minority
3 stress theory. That this finding is
4 consistent with findings about black/white
5 differences and well-being in the general
6 population, as well as findings regarding
7 differences and prevalence of mental
8 disorders between black and white LGB,
9 strengthens our confidence that these
10 findings are not a result of some bias in
11 our study."

12 Those are your words, correct?

13 **A.** Yes.

14 **Q.** And does that fairly summarize --

15 **A.** That's one of the conclusions that we came to, yes.

16 **Q.** Okay. And turn over the page to the next paragraph, the
17 top of the page nine in the first column. It says:

18 "The lack of parsimony in our results
19 represents a challenge in social stress
20 theory. It suggests that the theory cannot
21 be applied uniformly and that greater
22 definitions and distinctions are necessary in
23 future research."

24 Correct?

25 **A.** Correct.

1 Q. And we discussed parsimony a minute ago, correct?

2 A. It is saying exactly what I said, that -- I guess, the
3 word "challenge" needs to be explained.

4 What I'm saying here is that we need to examine,
5 because of those differences, the commonalities and
6 divergences, we need to try to better -- we would call it
7 specify the model; that it will be a better model predicting
8 those types of outcomes so that they -- so we can explain them
9 better.

10 Q. But you said that it means that the theory cannot be
11 applied uniformly and that greater definition and distinctions
12 are necessary, correct?

13 A. Exactly.

14 Q. All right. Thank you.

15 Please turn to tab 11 in the witness binder, and
16 you'll find a document pre-marked DIX-1246.

17 (Witness complied.)

18 Q. Can you identify this document?

19 A. 1246?

20 Q. Yes. It's tab 11.

21 A. Yes. That's an article that I wrote that was published in
22 the *Journal of Health and Social Behavior* in 1995.

23 Q. Thank you.

24 MR. NIELSON: And, again, this is one that was
25 designated by the plaintiffs as 1002, your Honor, and I believe

1 that it is in evidence.

2 THE COURT: Very well.

3 MR. DUSSEAU: No objection.

4 MR. NIELSON: Correct?

5 MR. DUSSEAU: I'm sorry?

6 MR. NIELSON: 1002, PX 1002. Could I have opposing
7 counsel confirm that that was admitted?

8 THE COURT: Yes. 1002?

9 MR. NIELSON: Yes.

10 THE COURT: Is in.

11 MR. NIELSON: Okay. Thank you.

12 BY MR. NIELSON:

13 Q. Okay. Now, this document discusses a study you conducted,
14 correct?

15 A. Yes. This was my dissertation study.

16 Q. This was your doctoral dissertation, you said?

17 A. This was based on the dissertation. This is a publication
18 that came out of it, yes.

19 Q. Okay. Thank you.

20 All right. Now, please look at page 39 in the middle
21 of the -- well, towards the top of the second column, about
22 three sentences into the first full paragraph, you write:

23 "It has been predicted that, if minority
24 position is stressful, and if the stress is
25 related to psychological distress, the

1 minority groups must have higher rates of
2 distress than non-minority groups. But
3 studies that compared rates of distress and
4 disorder between blacks and whites, women and
5 men, and homosexuals and heterosexuals did
6 not confirm such predictions, leading some
7 researchers to refute minority stress
8 conceptualizations."

9 And the study goes on to list a number of citations,
10 a number of studies, including -- I believe I count nine on,
11 quote, gay/straight differences, correct?

12 **A.** Right.

13 **Q.** So those studies, at least, do not support the social
14 stress model as it applies to LGB individuals, correct?

15 **A.** Those are the studies that I was referring to before when
16 you asked me the questions about Evelyn Hooker and so forth
17 that in the past demonstrated that.

18 And as I also said in many of the publications, that
19 the studies in the 90's are the ones that began to use more
20 advanced accepted methods that begin to show this difference.

21 And, in fact, the point of this article is to show
22 the support for minority stress. And this is the article that,
23 actually, I first introduced the concept and demonstrated how
24 it does work. In other words, it is supported. So this was
25 just the introduction to this.

1 Q. All right. Thank you.

2 But these studies that you cite here you characterize
3 as studies that compared rates of distress and disorder between
4 homosexuals and heterosexuals and did not confirm such
5 predictions.

6 And the predictions to which you are referring
7 earlier in that sentence already:

8 "It has been predicted that, if minority
9 position is stressful, and if this stress is
10 related to psychological distress, then
11 minority groups must have higher rates of
12 distress than non-minority groups."

13 Correct?

14 A. So those older studies did not show that, as we showed
15 --

16 Q. Sorry --

17 A. -- yesterday.

18 Q. All right. So those studies, at least, were inconsistent
19 with your model, correct?

20 A. Yes.

21 Q. Okay. Thank you.

22 And your 1995 study did not look at inter-group
23 comparisons, correct? By "intergroup comparisons" I mean
24 comparisons between heterosexuals and LGB individuals.

25 A. No. I did this most fully in the 2003 article that we

1 discussed earlier.

2 Q. Yes. But in 1995 you did not, correct?

3 A. This was looking at a group of gay men.

4 Q. And, in fact, in that article you stated that -- just
5 lower down to the page, you say:

6 "I suggest that we must reexamine our
7 reliance on evidence from intergroup
8 comparisons of rates of distress. Despite
9 the intuitive appeal of this approach,
10 numerous methodological problems lead to
11 bias, making it difficult to interpret the
12 evidence from studies using this approach."

13 Correct?

14 A. This refers to -- you know, we refer to different
15 generations of studies in psychiatric epidemiology. There was
16 a huge shift in understanding how to do studies like that.

17 So I'm saying here, what I said in that -- what you
18 are quoting, that those older articles are not a good
19 indication for the assessment of those differences because they
20 didn't use sampling methodologies that would be correct, that
21 would allow us to make -- to draw those conclusions. They
22 didn't at the time have diagnostic criteria that were that
23 clear, and they certainly did not have any measures to assess
24 those.

25 So there were a lot of methodological problems in

1 those earlier studies, including the studies that we were
2 discussing earlier when you quoted some of the, again, early
3 studies that do not talk to the effect off prevalence.

4 So they would have been two groups of gay versus
5 straight, but they were not studies of prevalence in the
6 population. So, therefore, they are not reliable as an
7 estimate of the difference in the prevalence.

8 **Q.** Okay. But you said -- you suggest -- quote:

9 "I suggest that we must reexamine reliance on
10 evidence from intergroup comparisons of rates
11 of disorder (sic)."

12 Correct?

13 **A.** Yes. Because of that problem, and other issues that I
14 think I list here.

15 **Q.** Okay. And thank you.

16 And that's why you did not conduct an intergroup
17 study in 1995, correct?

18 **A.** I wouldn't say that is why I didn't conduct it, but I was
19 using this study as another anchor on this problem, on this
20 question.

21 As I said, we used -- we tried to use different
22 approaches to study the same problem from different sides so
23 that we can see convergences and inconsistencies so that we
24 can, by looking at those, improve our way that we understand
25 the problem and the theories. That is not unique, you know, to

1 these studies.

2 For example, there was a time that people thought
3 that all cancers are caused by some kind of a genetic mutation.
4 And then they find studies that don't confirm that and,
5 therefore, they go on and investigate further and they say, Oh,
6 some studies, some -- sorry -- cancers are caused by an
7 infectious agent. So that's what I mean by improving the
8 model. So now we understand something a little better about
9 how cancer is caused.

10 So in the same way we always try to challenge our
11 results and our studies using different methodologies,
12 different ways of assessing the basic theory that, you know, we
13 discussed here as social stress and use it -- so when I say the
14 word "challenge," we use it to further study things that are
15 discovered in, let's say, inconsistencies. So some of the
16 inconsistencies that you described are now the subject of
17 further investigation.

18 **Q.** Okay. Thank you.

19 But you found -- your findings in this study
20 contrasted with the previous evidence compiled on minority
21 stress, correct?

22 **A.** Well, this study was looking within a group of gay men.
23 It contrasts with those older studies that, as I said, did not
24 show the differences.

25 But as I also said, there were studies that were not

1 up to par in terms of how we assess those issues now in terms
2 of their ability to represent the population prevalence or the
3 proportion of people in the population that have the disorder.

4 Q. All right. I'm not asking about the methodology of the
5 previous studies. I'm just asking whether your findings in
6 this study were inconsistent with those studies?

7 A. I mean, I guess you could -- I think I would say that the
8 older studies were inconsistent with this new finding.

9 Q. Okay. And please turn to page 51, if you would, please,
10 sir?

11 A. Yeah.

12 (Witness complied.)

13 Q. Okay, Professor Meyer, let's -- right in the middle of the
14 second column on page 51, you write:

15 "These findings contrast with previous
16 evidence compiled on minority stress. When
17 studies compared rates of disorder or
18 distress between minority and non-minority
19 groups, we found little evidence that
20 minority stress is related to adverse mental
21 health."

22 Correct?

23 A. Yes. Those are those old studies that I mentioned.

24 Q. Thank you.

25 And in the last -- in the last paragraph of that

1 page, a little farther down, you say:

2 "Certainly the issue of rates of disorder and
3 distress cannot be sidestepped and will have
4 to be addressed, too. But if the present
5 findings are convincing, we must address the
6 question of rates of difference with this
7 evidence in mind. The issue, thus, becomes
8 one of explaining why there are no
9 differences in rates of disorder between
10 minority and non-minority populations and how
11 such findings could be consistent with the
12 evidence that not just social conditions do,
13 in fact, have adverse mental health effects."
14 And you wrote that, correct?

15 A. Yes.

16 Q. Okay. Thank you.

17 A. It's kind of what I was just trying to explain as well,
18 that --

19 Q. Thank you.

20 Let's turn back to tab three. And we discussed this
21 document a moment ago and it's in evidence, so we can go
22 straight to it.

23 THE COURT: Tab?

24 MR. NIELSON: Three, your Honor.
25

1 BY MR. NIELSON:

2 Q. And this is your 2003 article where you did look at
3 intergroup comparisons, correct?

4 A. Correct.

5 Q. Yes, thank you.

6 And in the middle --

7 THE COURT: Page? What page?

8 MR. NIELSON: That was just a general question, your
9 Honor.

10 THE COURT: I thought you were about ready to read
11 something.

12 MR. NIELSON: I am.

13 BY MR. NIELSON:

14 Q. Now I will direct -- ask you, Professor Meyer, to turn to
15 page 684.

16 (Witness complied.)

17 Q. Okay. Please look at the second sentence of the first
18 full paragraph. It starts, "In drawing."

19 A. Uh-huh.

20 Q. (As read)

21 "In drawing a conclusion about whether LGB
22 groups have higher prevalences of mental
23 disorders, one should proceed with caution.
24 The studies are few, methodologies and
25 measurements are inconsistent and trends in

1 the findings are not always easy to
2 interpret. Although several studies show
3 significant elevation in prevalence of
4 disorders in LGB people, some do not."

5 So at the time you wrote this, you believed that, at
6 least, some of the previous studies were inconsistent with the
7 minority stress model, correct?

8 **A.** We are talking still about the same studies that were the
9 older studies. And the reason that I did this paper is to use
10 only the better studies, the ones that can actually answer the
11 question, and that's what the findings in this paper
12 demonstrate.

13 **Q.** Okay. Thank you.

14 Now, please look at page 685. Look at page 685 and
15 look at the second full paragraph on the page. You describe --
16 well, I will just read it:

17 "Two studies assess the risk for completed
18 suicides among gay men. These studies assess
19 the prevalences of homosexuality among
20 completed suicides and found no
21 overrepresentation of gay and bisexual men,
22 concluding that LGB populations are not at
23 increased risk for suicide. Thus, findings
24 from studies of completed suicides are
25 inconsistent with studies finding the LGB

1 groups are at higher risk of suicide ideation
2 and attempts than heterosexuals."

3 And then in the last sentence of that paragraph you
4 say:

5 "Considering the scarcity of studies, the
6 methodological challenges and the greater
7 potential for bias in studies of completed
8 suicide, it is difficult to draw firm
9 conclusions from their apparent refutation of
10 minority stress theory."

11 Correct?

12 **A.** This concerns a particular type of study that looks at
13 completed suicide -- as those people who are dead -- and,
14 therefore, it is -- there are only two of those and it is very
15 hard to assess the proportion of people there who were gay.

16 So that's why I said that it is hard to draw
17 conclusions for those two studies.

18 **Q.** But at least on their face they -- you describe them as
19 presenting an apparent refutation of minority stress theory,
20 correct?

21 **A.** Apparent, yes. But I also say in the same paragraph that
22 the methodological problems would preclude you from drawing
23 those conclusions.

24 **Q.** All right. And you said it was --

25 "Considering the scarcity of studies, the

1 methodological challenge and greater
2 potential for bias, it's difficult to draw
3 firm conclusions."

4 That is correct.

5 **A.** About this particular issue of completed suicides.

6 **Q.** Yes. Thank you.

7 Now, your 2003 study did conclude that LGB
8 individuals have a higher prevalence of mental disorders than
9 heterosexuals, correct?

10 **A.** Yes.

11 **Q.** Okay.

12 **A.** As I said before, this was not my study. This was what we
13 call a meta-analysis, which is a method of gathering data and
14 information from other studies. So I -- I looked at the other
15 studies and came up with the statistics that describe the
16 aggregate of those studies.

17 So the purpose of that is to get a better handle on
18 those estimates because you are using not just one study, but
19 several studies that are available to you.

20 **Q.** Correct. And you -- you relied on two types of studies,
21 correct; studies that targeted LGB groups using non-probability
22 samples, and studies that used probability samples of the
23 general populations that allowed identification of LGB versus
24 heterosexual groups, correct, in your meta-analysis?

25 **A.** I looked at all of those studies, but in conclusions I

1 relied only on the studies that used probability samples.

2 The studies that don't use probability samples are
3 exactly the ones we were discussing earlier and which is why I
4 said that you cannot really draw good conclusions from them in
5 terms of estimating prevalence.

6 So I looked at, I think, all of the studies that were
7 available going back, I think, to the 70's. And so when I --
8 when you say "rely," I certainly looked at all of those, but in
9 the meta-analysis I -- as most people do, you create a
10 selection criteria for which studies you want to include and.
11 In this case there were -- I looked specifically at the ones
12 that were community studies that are very large and that
13 involve probability samples, because probability samples allow
14 us to then estimate back into the population the proportions,
15 the prevalences as we called them.

16 **Q.** So when you say -- you looked at the first type of
17 non-probability study, but you ultimately didn't rely on that,
18 is that your explanation?

19 **A.** In the meta-analysis.

20 **Q.** So the meta-analysis was based only on the -- well, let
21 me get your exact words. It's the -- well, the probability
22 samples of the general population that allowed identification
23 --

24 **A.** I think I did both, and I show -- but in terms of drawing
25 conclusion -- I looked at different things, but in terms of

1 drawing conclusion about prevalences, I relied on those studies
2 that are probability studies and --

3 Q. Okay. Thank you. I wasn't clear on that from reading the
4 article, and I appreciate that clarification.

5 So let's talk just about those probability studies
6 then. The second group of studies you reviewed, the
7 population -- well, the population-based studies do suffer from
8 some methodological deficiencies, correct?

9 A. The population-based studies?

10 Q. Yes.

11 A. All studies suffer from methodological deficiencies, but
12 the population based studies are the best ones that we have to
13 addresses this question.

14 Those are very large population-based studies that
15 the entire United States Public Health Service relies on.
16 Those were the only evidence we have for prevalences of mental
17 disorders in the United States.

18 Q. Thank you.

19 And because none of these studies was a priori
20 designed to assess mental health of the LGB groups, they were
21 not sophisticated in the measurement of sexual orientation,
22 correct?

23 A. Yes. Those were general population studies and the LGB
24 group were basically -- whoever happened to have been gay
25 within the general population was included by virtue of the

1 probability sampling.

2 Q. The studies classified respondents as "homosexual" or
3 "heterosexual" only on the basis of past sexual behavior,
4 rather than using a more complex matrix that assessed identity
5 and attraction in addition to sexual behavior, correct?

6 A. I actually -- if I said that, I assume it's correct, but I
7 actually don't remember that all of them used even the exact
8 same.

9 But they usually would choose one measure and,
10 therefore, they don't have a more complex measure. I -- I
11 don't remember independent that they all used the exact same
12 measure that you just quoted, but --

13 Q. Please look at page 685 in the second column. It's the
14 last full paragraph on that page, so it's above the carryover.
15 And about part way down, I'm going to read it to you, it says
16 -- after the sentence -- the first sentence says that:

17 "...they, too, suffer from methodological
18 deficiencies."

19 But then I'll start reading in full. It says:

20 "This is because none of these studies was a
21 priori designed to assess mental health of
22 LGB groups. As a result, they were not
23 sophisticated in the measurement of sexual
24 orientation. The studies classified
25 respondents as homosexual or heterosexual

1 only on the basis of past sexual behavior.
2 In one year," and there is a citation to a
3 study, "in five years," and another citation,
4 "or over the lifetime," and a third citation,
5 "rather than using a more complex matrix that
6 assessed identity and attraction in addition
7 to sexual behavior," and another citation.
8 "The problem of measurement could have
9 increased potential error due to
10 misclassification which, in turn, could have
11 led to selection bias."

12 Does that refresh your recollections?

13 **A.** Yes. I don't know if I'm referring here to a particular
14 group or study, but let me just say that if this is true about
15 all the studies that I use, but it may be. But in general,
16 this is true the way you described it.

17 There have been studies of this nature that use not
18 just this one thing, but they all use a selected measure that
19 they find the most relevant to their purpose.

20 So I just can't confirm that all of the ones here --
21 I would actually be surprised if they all used this exact same
22 measure, but --

23 **Q.** Well, just answer that -- I'm sorry. Go ahead.

24 **A.** Basically, the main point that they do not use the more
25 complex ways of measuring that I agree with.

1 Q. Thank you.

2 And these population studies also suffer because they
3 included a very small number of LGB people, correct?

4 A. Correct. But let me just say, this is why I conducted the
5 meta-analysis, which allows you to, in a sense, increase your
6 sample because you are then aggregating all of them.

7 But, on the other hand, you are limited by some --
8 maybe some comparisons that you might want to do. But to
9 conduct the meta-analysis I aggregated them to overcome this
10 problem of small sample sizes.

11 Q. And, please, look at page 688, if you would. And starting
12 at the middle of the carryover paragraph, as you see it on 688,
13 you write:

14 "My use of a meta-analytic technique to
15 estimate combined ORs somewhat corrects this
16 deficiency, but it is important to remember
17 that a meta-analysis cannot overcome problems
18 on the studies in which it is based."

19 Correct?

20 A. It cannot overcome all the problems, but in this
21 particular example that you used, it certainly overcomes the
22 problem of the sample size. That's because you are adding all
23 of those sample together.

24 But as I said, there is no method that is like a
25 hundred percent perfect, but it specifically overcomes the

1 problem of both sample size and, also, what we call sampling
2 error. So that if you just rely on one sample, you might have
3 some specific biases connected with that; but if you aggregate,
4 you know, five samples, then that error will get lost within
5 that bigger number of studies. So that's what it does.

6 But it certainly doesn't, for example, overcome the
7 issue of measurement because they all -- you know, you can't
8 change the measures that they use. So it depends on what, you
9 know, you are talking about.

10 **Q.** So it may overcome sample size, but it wouldn't overcome a
11 lack of precision in the definition of LGB individuals,
12 correct?

13 **A.** I didn't say there was a lack of precision. But if there
14 were a lack of precision -- I said they didn't use as a -- the
15 measure that they did use could have been precise, but they
16 didn't use a more complex measure.

17 But it wouldn't overcome measurement -- we call it
18 measurement error, although it would help, because of that
19 question -- because of that issue that I just said related to
20 sampling error.

21 So, again, the best way to explain it is that when
22 you take -- even if one study has an error and maybe another
23 one has another error, when you aggregate them all together,
24 they all part of it; but the larger pattern that you see will
25 emerge despite different errors that will get -- they are much

1 better than if you just relied on the one study with the error
2 or with the bias.

3 Q. But still a meta-analysis cannot overcome all the problems
4 in the study on which it's based, correct?

5 A. No.

6 Q. And it's important to interpret results of a meta-analyses
7 with caution on the critical perspective, correct?

8 A. Absolutely, yeah.

9 Q. All right. And in this 2003 study, you described your
10 conclusions as:

11 "Inconsistent with research and theoretical
12 writings that can be described as a minority
13 resilience hypothesis which claims that
14 stigma does not negatively affect
15 self-esteem."

16 Correct?

17 A. Yes.

18 Q. And you described your conclusions as:

19 "Inconsistent with studies that showed that
20 blacks do not have a higher prevalence of
21 mental disorders than whites as expected by
22 minority stress formulations."

23 Correct?

24 A. Yes.

25 Q. You stated:

1 "Further research must address this apparent
2 contradiction."

3 Correct?

4 **A.** Yes.

5 **Q.** And please look at 688 again. I guess if you are still
6 there, that would be great.

7 **A.** Yes.

8 **Q.** You write:

9 "One problem which can provide a plausible
10 alternative explanation for the findings
11 about prevalences of mental disorders in LGB
12 individuals is that bias related to cultural
13 differences between LGB and heterosexual
14 persons inflates reports about history of
15 mental health symptoms. It is plausible that
16 cultural differences between LGB and
17 heterosexual individuals cause a response
18 bias that led to overestimation of mental
19 disorders among LGB individuals. This would
20 happen if, for example, LGB individuals were
21 more likely to report mental health problems
22 than heterosexual individuals."

23 And then your article goes on to identify several
24 reasons why LGB individuals might be more likely to report
25 mental health problems than heterosexual individuals, correct?

1 A. Yes. That is one of the possible limitations in the sense
2 that, you know, we look at -- as I said earlier when I
3 described the methodology of working on studies, we look at all
4 kinds of potential explanations and try to address them, assess
5 whether or not they are feasible, whether or not they threaten
6 the conclusion and so forth. So this is one of the things I
7 considered in looking at this evidence.

8 Q. And you found -- and you said in your study that:

9 "To the extent that such a response bias
10 exists, it would have led researchers to
11 overestimate the prevalence of mental
12 disorders in LGB groups."

13 Correct?

14 A. To the extent that it exists, it would.

15 Q. And, all right. In his expert report Professor Herek
16 wrote:

17 "In addition, lesbian, gay, bisexual people
18 face other stressors. For example, because
19 the Aids epidemic has had a disproportionate
20 impact on the gay male community in the
21 United States, many gay and bisexual men have
22 experienced the loss of a life partner, and
23 gay, lesbian and bisexual people alike have
24 experienced extensive losses in their
25 personal social networks resulting from the

1 death of close friends and acquaintances.

2 Treatment related to multiple losses is

3 linked to higher levels of depressive

4 symptoms."

5 Do you agree with that statement?

6 **MR. DUSSEAU:** Your Honor, could I ask for a
7 citation and page?

8 **MR. NIELSON:** It's Paragraph 31, note 13 of the Herek
9 report. That's at tab two, if you would like to look at that.
10 And it's on --

11 **A.** I'm sorry. What page?

12 **BY MR. NIELSON:**

13 **Q.** Tab two, it's and it's Paragraph 31.

14 **A.** Okay.

15 **Q.** It appears to be on -- starts at the bottom of page 10.
16 It's in the footnote. If you would like to look at that, I
17 read it. I won't ask you to read it aloud, but if you just
18 look at what he writes in that footnote.

19 **A.** Which footnote?

20 **Q.** 13. It starts at the bottom of page 10.

21 **A.** You want me to read what it says?

22 **Q.** Just to yourself.

23 **A.** Oh, okay.

24 **Q.** My question is: Do you agree with that statement? I
25 already read --

1 A. Yes. He's actually referring to something that I wrote
2 apparently, yes.

3 Q. Okay. Thank you.

4 MR. NIELSON: Your Honor, I still have a fair amount
5 of material. Do you want me to continue?

6 THE COURT: Keep plowing.

7 MR. NIELSON: Yes, sir. Yes, your Honor.

8 BY MR. NIELSON:

9 Q. Please turn to tab 13 in the witness binder, Professor
10 Meyer.

11 A. Yes.

12 (Witness complied.)

13 Q. You will see a document pre-marked DIX-1249.

14 A. Yes.

15 Q. Can you identify that document?

16 A. That's another article that I wrote, which was published
17 last year in 2009 in a journal that's called *Journal of*
18 *Counseling Psychology*.

19 Q. Thank you.

20 MR. NIELSON: And, your Honor, we had a slight
21 technical difficulty with this document. The PDF version that
22 we provided plaintiffs and, perhaps, the Court inadvertently
23 had an exhibit stamp on each page and so that obscured some of
24 the words.

25 We have corrected that problem in this hard copy, and

1 we can provide corrected PDFs to the plaintiffs and the Court,
2 if that's necessary.

3 **THE COURT:** The copy in my binder looks fine.

4 **MR. NIELSON:** The hard copy is correct. The PDF, I
5 believe, had the exhibit stamp on every page.

6 **THE COURT:** All right. Well, why don't you correct
7 that?

8 **MR. NIELSON:** We will take care of that, but I assume
9 there is no prejudice since the citation was evident and
10 Professor Meyer wrote it.

11 And I would like to move that into evidence,
12 DIX-1249, the version without the exhibit stamps on every page.

13 **THE COURT:** Fine.

14 **MR. NIELSON:** Thank you.

15 **THE COURT:** 1249 is admitted.

16 (Defendants' Exhibit 1249 received in evidence.)

17 **BY MR. NIELSON:**

18 **Q.** Please look at page 23, Professor Meyer.

19 **A.** Yes.

20 **Q.** You write:

21 "But here lies the first problem for
22 researchers of LGB populations. The
23 population's definition is elusive."

24 So defining the LGB population as a potential
25 methodological problem in comparing mental health outcomes of

1 LGB individuals to mental health outcomes of non-LGB
2 individuals, correct?

3 A. Where is it? I assume that it is correct.

4 Q. Well, that last question I didn't read from your report.
5 So if you disagree with it, let me know.

6 You wrote that:

7 "Here lies the first problem for researchers
8 of LGB populations."

9 A. Where is that?

10 Q. I'm sorry. It's page 23, the second column, the bottom
11 paragraph, about the middle. It's a carryover paragraph.

12 A. Okay.

13 Q. You write:

14 "But here lies the first problem for
15 researchers of LGB populations. The
16 population's definition is elusive."

17 And then I asked you this question: Is defining the
18 LGB population a potential methodological problem in comparing
19 rates -- or comparing mental health outcomes of LGB individuals
20 to mental health outcomes of non-LGB individuals?

21 A. Is it...

22 Q. A potential methodological problem?

23 A. I'm not sure what you mean, what kind of problem. As I
24 said, in this article defining the population, regardless of
25 LGB or any population, is the first step in conducting a study.

1 And any study faces the challenge of definition of the
2 population because if you want to sample, you cannot -- you
3 know, you have to know who it is that you are sampling from,
4 and there is a variety of steps that one takes in doing this.

5 This is nothing specific to LGB populations, and some
6 of the quotes I use here are just methodological issues.

7 So when you say it causes a problem, I don't exactly
8 see that as a problem. I see it as just, this is part of what
9 we do when we design a study. We --

10 Q. Okay.

11 A. -- look through all of those issues.

12 Q. My question was whether it causes a -- raises a potential
13 problem.

14 A. You know, I can come up with scenarios, I guess, but I
15 cannot answer that question in that generic form. I would have
16 to see what exactly we're talking about.

17 It doesn't create a problem in principle, the fact
18 that we have questions of definition. As I said, all studies
19 start with questions of definition. So that fact doesn't
20 create a problem.

21 Q. Now, in the article we were just looking at you noted that
22 the population-based studies, one of the methodological
23 problems they suffered from was that they did not use a
24 sophisticated definition of the LGB population, correct?

25 A. That's not exactly how I said it. What I said is that

1 they used a -- that's, perhaps, a limitation that they used one
2 type of a definition, but I -- I mean, obviously, I didn't
3 think that there was that great of a problem and, obviously,
4 the reviews of this journal didn't think it was that great of a
5 problem, and the people who quote it -- you know, it's not --
6 you are trying to suggest that it's some big problem. It's
7 not.

8 **Q.** Well, I would like to explore that based on what you wrote
9 in this article.

10 As you said in the first line, "The population's
11 definition is elusive," correct?

12 **A.** The population definition is elusive in every study. This
13 is one of the greatest sampling methodologies. Sudman devotes
14 a lot of effort to try to address that and I quoted it here.

15 As I said, this is the first step of trying to
16 establish a study. If I wanted to study men, I would have to
17 define what age group, is there any particular residence that
18 I'm interested in or a region of the country.

19 This is just basic survey methodology. This is the
20 first step you have to define. And it is -- it is challenging,
21 you know. If you are interested in issues related to birth
22 problems, are you going to study women of a particular age who
23 are -- you know, so those are just normal things.

24 What is a Latino? Do you include Mexicans or do you
25 include Puerto Ricans? This is what I'm talking about, that

1 this is the issue that sampling methodologies confront as they
2 design a study. And this is the first step, is to define a
3 population, which we call the general population. Then you
4 define the sampling population, which is a more specific
5 definition of where you want to sample from. And there's
6 further problems and issues of definition.

7 **Q.** Let's talk about the first question you said, the general
8 sample, not specific sample for LGB individuals.

9 Is there a correct definition of the general LGB
10 population?

11 **A.** Is there one correct definition? As I explained in this
12 article, the definition depends on your purpose in the
13 research. So just as there is no correct definition of Latino,
14 there is no correct or one correct -- it is correct if it is
15 responsive to the research questions that you are trying to
16 answer.

17 So it is only correct in that sense that, did you do
18 a good job in defining the population so that you are getting
19 at the population that you intending to study? You know, we
20 talk about the kind of theoretical population and the actual
21 population. So it is correct only in the sense that you
22 correctly sample the population of intention.

23 So if I wanted to study last Latinos and I defined it
24 as Mexicans and Puerto Ricans, there is nothing incorrect about
25 it because I didn't include another Latino group, if that's

1 what I was interested in.

2 So in the same sense here, there is a variety of ways
3 that you can measure what we are calling here in a general way
4 LGB. So, for example, you might want to measure the behavior
5 as the only thing that you are interested in, in which case
6 that will be a correct thing, if it makes sense for your
7 purpose.

8 Q. Okay. So I want to ask you two "yes" or "no" questions,
9 if it's possible.

10 First, there is no one correct definition of the LGB
11 population, correct?

12 A. For the purpose of particular research.

13 Q. Okay. Second, definitions of sexual minorities vary,
14 correct?

15 A. All definitions, by definition, vary. If you are
16 talking about definitions, they vary.

17 Q. Let's be more concrete. Let's look at page 24, the first
18 full paragraph. You write -- and this is starting with the
19 second -- yes, the second sentence of the first full paragraph
20 in the first column on page 24.

21 You write:

22 "Researchers have distinguished among sexual
23 identity, sexual behavior and attraction.

24 Although these overlap -- that is, a person
25 who is attracted to same-sex individuals may

1 also have sex with same-sex individuals --
2 this overlap is not great. Only among
3 15 percent of women and 24 percent of men do
4 the three categories overlap."

5 **A.** In this particular study that I quoted, yes.

6 **Q.** So we have three partially, but only partially overlapping
7 concepts that have been used by researchers to define the LGB
8 population; sexual identity, sexual behavior and attraction,
9 correct?

10 **A.** Again, they might have used just one of them or they might
11 have used more. So those are three ways of defining that
12 people have used in the field, yes.

13 **Q.** And some researchers may use a combination of those,
14 correct?

15 **A.** Exactly.

16 **Q.** All right. And let's break this down. First of all,
17 sexual identity. Identity labels -- and even whether a person
18 uses an LGB identity label at all -- vary across generations,
19 racial ethnic groups, geographical regions, education levels
20 and other group characteristics, correct?

21 **A.** Yes.

22 **Q.** Not all LGB individuals define themselves as LGB until
23 some developmental tasks along the coming-out process have been
24 achieved, correct?

25 **A.** Yes.

1 Q. This means that at any point some people who answer
2 truthfully that they are not LGB will, at a later point, define
3 themselves as LGB, correct?

4 A. Yes, exactly, because they haven't yet -- I referred
5 before to the coming-out process.

6 So at some point you might talk to a person and they
7 would either hide it or have not yet defined themselves like
8 that, and that they would truthfully answer no to the question.

9 Q. Thank you.

10 And, furthermore, because of cultural diversity, some
11 people who engage in same-sex behavior, who may be considered
12 by others as sexual minorities and who may be of interest to
13 the researcher, would not identify themselves as LGB, nor
14 consider themselves a sexual minority by any name, regardless
15 of the researcher's definition, correct?

16 A. Yes.

17 Q. So it's possible that the same individual may honestly
18 give different answers when asked about his or her sexual
19 identity at different times in his life, correct?

20 A. Yes.

21 Q. And it's possible that an individual who engages in
22 same-sex behavior may honestly not identify himself or herself
23 as LGB, correct?

24 A. Yes.

25 Q. And both of these -- well, that assumes -- both of those

1 questions assume that an individual gives an honest answer when
2 asked his or her sexual identity, but it's also possible that
3 some individuals will not give an honest answer to that
4 question, correct?

5 **A.** Obviously, that's possible, that people would not give an
6 honest answer.

7 **Q.** And, in fact, for LGB individuals, there may be particular
8 reasons why they would -- might be reluctant to answer that
9 question, correct?

10 **A.** Yes. As I described before, concealing would be that --
11 what I would refer to that.

12 **Q.** Thank you.

13 Let's turn next to sexual behavior. Behavior --
14 behavioral definitions also vary, correct?

15 **A.** Behavioral definitions of what?

16 **Q.** Of sexual orientation.

17 **A.** I'm not sure what you -- I guess they could differ in this
18 time frame that people might have looked at, yes.

19 **Q.** Yes. So they could look at different time periods,
20 correct?

21 **A.** Right.

22 **Q.** All right. And because more people have same-sex sex in
23 adolescence, defining sexual orientation as "sexual behavior
24 ever" includes more people than defining it in the past year,
25 correct?

1 A. Right. But that will be true for anything. If you look
2 at "ever," you get more.

3 Q. For example, you could ask someone whether they were
4 African-American ever or African-American in the last year?

5 A. That would actually -- that is a very interesting
6 phenomenon, but that is also possible.

7 African-American is an identity, so the identity part
8 of it could vary and, in fact, it does vary.

9 People who move into the United States, for example,
10 who are by our definition African-Americans may not describe
11 themselves as African-American or even black.

12 And there are studies that show that people who come,
13 for example, from the Caribbean who are dark colored, their
14 parents don't describe themselves as black, but their
15 offsprings after being educated in the United States and
16 socialized do.

17 So it -- definitions always vary. Certainly, with
18 African-Americans, the term itself is relatively recent. Black
19 was used before that. And Negro was used even before that.
20 Senator Reid got into trouble for using that term.

21 So those identities change and they are responsive to
22 the social context in many different ways, but -- obviously,
23 the population itself doesn't change, but how people refer to
24 themselves might change.

25 Q. Okay. But for LGB individuals, the variance in the time

1 period you are looking at can lead to significantly different
2 estimates, correct, of the population?

3 A. As I said, again, that is true for anything. We always
4 look at lifetime, for example, versus one year. So if you look
5 at the one-year rate of a disorder, it will be a lot less than
6 a lifetime.

7 Q. Thank you.

8 Now, there are also different ways in which a
9 definition of sexual orientation that focuses on attraction
10 might vary, correct?

11 A. Yes.

12 Q. All right. Now the size of the LGB population might vary
13 a great deal depending on how sexual orientation is defined,
14 correct?

15 A. Right.

16 Q. Thank you.

17 And please look at tab 12 in the witness binder. You
18 will find an Exhibit pre-marked DIX-1248.

19 (Witness complied.)

20 A. Wait, I'm sorry. Oh, 1248, yes.

21 Q. And can you identify this document?

22 A. Umm --

23 Q. I apologize. It doesn't have a cover sheet. It's an
24 article you wrote with Laura Dean and others entitled "Lesbian,
25 Gay, Bisexual and Transgender Health Findings and Concerns"

1 that was published in the *Journal of Gay and Lesbian Medical*
2 *Association*. Is that the document?

3 **A.** Yes. That is -- that is actually a report that tries to
4 summarize some of the findings, health findings.

5 **MR. NIELSON:** And I believe this is also PX 1004,
6 which I believe is in evidence.

7 **THE COURT:** I can check that.

8 **MR. NIELSON:** Could I ask the Court to confirm that
9 that is Laura Dean, Meyer findings in the "Lesbian, Gay,
10 Bisexual and Transgender Health Findings and Concerns"?

11 **MR. DUSSEAU:** Correct.

12 **MR. NIELSON:** Okay. So that's in evidence.

13 **BY MR. NIELSON:**

14 **Q.** All right. Please look at page 135 in the exhibit. It's
15 a lengthy exhibit. And that's towards the -- not quite the
16 end, but towards the end.

17 **A.** Yes.

18 (Witness complied.)

19 **Q.** And in the second full paragraph in the second column you
20 write:

21 "Recent national studies estimating the
22 percentage of the population that falls into
23 each of the three broad dimensions of
24 identity, behavior and attraction show that
25 one to four percent of the population

1 identifies as lesbian or gay, two to
2 six percent of the population reports some
3 same-sex behavior in the previous five years,
4 and up to 21 percent of the population
5 reports same-sex attraction at least once in
6 adulthood."

7 And I will skip the citations.

8 And then you go on to say:

9 "Therefore, depending upon how it is defined
10 and measured, 1 to 21 percent of the
11 population could be classified as lesbian or
12 gay to some degree with the remainder
13 classified as bisexual or heterosexual to
14 some degree."

15 Correct?

16 **A.** If that's what it says here. And, obviously, again,
17 depending -- you can -- depending on the definition that you
18 use for the finding of population, you will get different
19 rates. If it's more expansive, inclusive, then you will get a
20 high rate than if it is less expansive and inclusive.

21 **Q.** Now, 1 to 21 percent seems like a great deal of variance.

22 **A.** I don't think anybody would say that attraction is a true
23 measure of LGB, what we are talking about.

24 So I think one of the things is when you -- when you
25 measure things, you realize that it is not exactly the way you

1 think it is.

2 So attraction is a very, very fluid thing in the
3 sense that, for example, I -- a woman tends to have less
4 inhibitions about saying, oh, this other person is attractive.
5 That doesn't make her a lesbian because she said that. So
6 that's why I'm saying, it's a definitional thing.

7 For me, in my studies, I use identity, which is the
8 standard that we use in the U.S. census, for example -- not in
9 LGB, which is not measured, but, let's say, on race. So, you
10 know, those things are the same issues in measuring any kind of
11 group's identity.

12 If you wanted to, for example, measure race by skin
13 tone, you will find that you will have a huge number of people
14 who maybe have a darker skin tone, but are not identified as
15 black.

16 So to me, the attraction -- personally, as a
17 researcher, I don't use the attraction definition because I
18 find it very broad. And I use the identity when I am
19 interested in issues, such as the ones we discussed today; but
20 I might use behavior if I'm interested, for example, in
21 HIV-related risk.

22 So every researcher uses definition based on the
23 purpose of their study or survey or whatever it is.

24 Q. Okay, thank you.

25 MR. NIELSON: And, your Honor, I had more

1 methodological questions, but I'm going to skip ahead. I think
2 we have dwelled on that long enough.

3 **MR. DUSSEAU:** Your Honor, may I raise one issue,
4 just simply to note we have not had a chance to look at 1004.
5 And while it is Meyer and Dean, it's not the same article as
6 Defendants' 1248. We don't have an objection to Defendants'
7 1248, but we didn't want the record to reflect they were the
8 same.

9 **MR. NIELSON:** Thank you for -- I appreciate that
10 clarification.

11 And, your Honor, I would move DIX-1248 into evidence
12 then.

13 **THE COURT:** Very well. So admitted.

14 (Defendants' Exhibit 1248 received in evidence.)

15 **MR. NIELSON:** Thank you.

16 **BY MR. NIELSON:**

17 **Q.** Now, Professor Meyer, it's your opinion that limiting
18 marriage to opposite-sex couples causes minority stress for LGB
19 individuals, correct?

20 **A.** That limiting -- can you repeat?

21 **Q.** Yes. Now, it is your opinion that limiting marriage to
22 opposite-sex couples causes minority stress for LGB
23 individuals, correct?

24 **A.** Yes, as I described earlier.

25 **Q.** And it's your opinion that minority stress causes a higher

1 prevalence of mental disorders, a higher prevalence of certain
2 symptoms of distress that don't rise to the level of formal
3 disorders; including mood, anxiety and substance use problems,
4 lower levels of well-being and higher incidents of suicide
5 attempts, correct?

6 **A.** Correct.

7 **Q.** Now, does limiting marriage to opposite-sex couples cause
8 minority stress for all gays and lesbians or only for lesbians
9 or gay couples who wish to marry?

10 **A.** I would say all, because of -- as I explained earlier, it
11 is the message you send.

12 So you can think about the event of marriage in a
13 sense and say, well, this would only affect those people who
14 want to marry. But the message that I described earlier of
15 rejection or disapproval, clearly applies to all gay people.
16 So they would all -- you know, I can't predict what every
17 single person that sees this, but there would be something that
18 affects the rest of the social environment regardless if you
19 are personally interested in getting married.

20 It is the message, in this case in the constitutional
21 amendment, that demonstrates -- that is of interest, or the
22 meaning as I said before, the social meaning.

23 **Q.** So it affects all of them and not just those, not -- all
24 LGB and not just those wishing to marry, correct?

25 **A.** It has the potential to effect -- you know, I never said

1 that -- minority stress doesn't affect of single person in the
2 same way. It is a potential.

3 Q. Thank you for that clarification.

4 Are you aware that same-sex marriage has been legal
5 since 2004 in Massachusetts?

6 A. Yes.

7 Q. Do LGB individuals suffer from a lower prevalence of
8 mental health disorders in Massachusetts than in California?

9 A. Well, the first answer is I don't really know, but that's
10 now how I -- I wouldn't expect it exactly in that way that you
11 are suggesting; that that would be the test of that, because
12 Massachusetts is not, you know, an isolate in the United States
13 and, you know, it would be more complicated for me to assess.

14 So that alone would not change everything. So it's
15 just one aspect of it. And, certainly, I would think that
16 people in Massachusetts who are gay would feel more supported
17 and welcome, so to speak. So in that sense, it would reduce
18 the stress that they have somewhat.

19 Q. But your answer is you don't know, correct?

20 A. Well, I don't -- I don't have the data on that.

21 Q. You don't have data?

22 A. Right.

23 Q. Okay. Thank you.

24 Do LGB individuals suffer from a lower prevalence of
25 mood, anxiety and substance use problems that do not meet the

1 criteria for formal psychiatric disorders in Massachusetts and
2 in California?

3 **A.** Again, the study wasn't done in the way that you are
4 describing it, although a study was done looking at states
5 where there's greater rights for gay and lesbian people, and it
6 did show those things that you are alluding to.

7 So it wasn't exactly done in the way that you are
8 saying. It wasn't Massachusetts versus California. But in
9 general in the United States states that offer more
10 protections, gay and lesbian populations there fare better than
11 in states that do not offer such protections.

12 So to the extent that you can use that as a
13 suggestion that it does have this effect that you are alluding
14 to, but I don't know of a study that compared California to
15 Massachusetts on any of those outcomes.

16 **Q.** Okay. And I was planning to ask you about the other
17 outcomes, but the answer would be the same?

18 **A.** Right. I don't know of a study that tested it either way.

19 **Q.** Thank you.

20 Are you aware that same-sex marriage has been legal
21 since 2001 in the Netherlands?

22 **A.** I am going to believe you on that. I'm aware that it's
23 legal.

24 **Q.** I will represent to you that it was.

25 **A.** Okay.

1 Q. Do LGB individuals suffer from a lower prevalence of
2 mental disorders in the Netherlands than in California?

3 A. I -- I actually don't know the answer to that, although
4 there are studies that -- I don't know the answer to that.

5 Q. Would your answer be the same if I asked about the other
6 outcomes you identified?

7 A. Right. I don't -- I don't know the comparison. Honestly,
8 I don't know that I can tell you the rates of all the disorders
9 specifically to California, so I couldn't compare them.

10 Most of the studies that I relied on were national
11 studies that were not separated by state.

12 Q. Okay. Thank you.

13 Now, you are aware that California allows same-sex
14 couples to register as domestic partners, correct?

15 A. Yes, I've learned that.

16 Q. And you believe that, quote, domestic partnership has
17 almost no meaning, and, to some extent, it's incomprehensible
18 to people as a social institution, correct?

19 A. Yes.

20 Q. And I apologize, I said "quote." That's -- that was from
21 your deposition?

22 A. Correct.

23 Q. And for opposing counsel's benefit, I'll identify that as
24 the transcript at page 80, 9 to 11.

25 A. I believe I talked about it today, as well.

1 Q. Yes. And you believe that domestic partnership reduces
2 the value of same-sex intimate relationships, correct?

3 A. Reduces -- yes.

4 Q. Okay. And if domestic partnership and marriage were both
5 available to same-sex couples, you think they would probably
6 not choose domestic partnership, correct?

7 A. I would think that.

8 THE COURT: How are you doing on time, Mr. Nielson?

9 MR. NIELSON: Fifteen minutes?

10 THE COURT: All right.

11 MR. NIELSON: I'll try. That may be slightly
12 optimistic, but I'm cutting a lot of -- I'm trying to cut a lot
13 of chaff from the wheat.

14 THE COURT: The longer we talk, the less wheat
15 that's ...

16 BY MR. NIELSON:

17 Q. Please turn to page -- or tab 14 in the witness binder.

18 I'm going to represent to you that this is a
19 California statute governing domestic partnerships.

20 A. Okay.

21 Q. And I'm going to read you part of this. And we could read
22 it all, but I am not going to read it all.

23 If you look at section A, it says:

24 "Registered domestic partners shall have the
25 same rights, protections, and benefits, and

1 shall be subject to the same
2 responsibilities, obligations and duties
3 under law, whether they derive from statutes,
4 administrative regulations, court rules,
5 government policies, common law, or any other
6 provisions or sources of law as are granted
7 to and imposed upon spouses."

8 Were you aware that California law treated domestic
9 partners in this manner?

10 **A.** I'm not aware of all of the legal issues around it, but I
11 was aware that it is at least approximate in the same rights
12 and benefits.

13 But, as I said, I wasn't in my testimony or in my
14 reports talking about those benefits and rights. I was talking
15 about the social meaning and the social message that marriage
16 conveys. So I wasn't studying that particular aspect of the --

17 **Q.** So that does not, in any way, change the opinions that
18 you've offered in the case?

19 **A.** No. It certainly is a good thing that they offer
20 benefits, but I'm just saying that's not what I was focusing
21 on. My focus is on the social meaning, the social place of
22 that --

23 **Q.** You --

24 **A.** -- of marriage.

25 **Q.** I'm sorry. Are you complete?

1 A. I'm sorry.

2 Q. Do you believe that domestic partnerships stigmatize gay
3 and lesbian individuals?

4 THE COURT: I'm sorry, what was the question?

5 BY MR. NIELSON:

6 Q. Do you believe that domestic partnerships stigmatize gay
7 and lesbian individuals?

8 A. Yes.

9 Q. Okay. Please look at tab 15 in the witness binder.

10 You will see a document premarked DIX1067. And, as
11 you can see, it's a letter from California Assembly Member
12 Jackie Goldberg. And, as you can see, it concerns legislation
13 titled "AB205."

14 A. I'm going to take your word on that.

15 Q. And if you look at the heading under it, it says:

16 "AB205 will provide registered domestic
17 partners with a number of significant new
18 rights, benefits, responsibilities and
19 obligations."

20 And I'm going to represent to you that this -- that
21 AB205 was enacted into law, and the principal portion of that
22 law as amended was the statute we were just looking at.

23 A. Okay.

24 Q. Okay. Please turn to the last page of the exhibit. And
25 please look at the italics, the italicized statement about two

1 and a half inches up from the bottom of the page.

2 **A.** Uh-huh. Yes.

3 **Q.** It says:

4 "This bill is sponsored by Equality
5 California. Other advocacy organizations
6 that collaborated on the drafting of this
7 bill included Lambda Legal Defense and
8 Education Fund, National Center for Lesbian
9 Rights, and ACLU."

10 **A.** Yes.

11 **Q.** Are you familiar with Equality California?

12 **A.** Yes. I believe they are the organization that opposed
13 Proposition 8.

14 **Q.** Right. And, in fact, you contributed money to the
15 Equality California's No On 8 campaign, correct?

16 **A.** I should become familiar with them.

17 (Laughter)

18 **Q.** Do you believe Equality California would sponsor
19 legislation that stigmatizes LGB individuals?

20 **A.** Do I believe that they intend to stigmatize? No.

21 But I think that that doesn't change my answer to the
22 question about domestic partnership. So whatever their
23 intention was, I'm sure, to better the lives of gay and lesbian
24 individuals in California, but, nonetheless, having a second
25 type of an institution that is clearly not the one that is

1 desired by most people is stigmatizing.

2 Q. All right. And if I were to ask you the same question
3 about the involvement of Lambda Legal Defense and Education
4 Fund, National Center for Lesbian Rights, and the ACLU, your
5 answer would be the same, correct?

6 A. Exactly.

7 Q. All right. Thank you.

8 MR. NIELSON: Your Honor, I would like to move
9 DIX1067 into evidence.

10 MR. DUSSEAU: No objection.

11 THE COURT: Very well, 1067 is in.

12 (Defendants' Exhibit 1067 received in evidence.)

13 BY MR. NIELSON:

14 Q. I'd like to direct your attention to tab 18. You'll find
15 a document premarked DIX1020. Can you identify this document?

16 A. I got it.

17 I don't believe I've seen it before. It says,
18 "Article Proposition 8 and the future of American Same-Sex
19 Marriage Activism." But I have not read it before, I believe.

20 Q. And who is the author?

21 A. Jeffrey Redding.

22 Q. Are you familiar with Jeffrey Redding?

23 A. No. I -- I don't think so. I don't remember the name.

24 Q. All right. I'm going to -- I won't question you about
25 that document then.

1 Have you done any research to determine whether,
2 since it adopted AB205 -- and that's this bill we were just
3 talking about -- LGB individuals in California suffer from
4 worse mental health outcomes than LGB individuals in any
5 jurisdiction that recognizes same-sex relationships as
6 marriages?

7 **A.** No.

8 **Q.** Okay. Now, at your deposition -- I would like you to turn
9 to -- you made a statement, and I want to confirm that it was,
10 in fact, a statement that you made. And it's -- turn to tab 7,
11 if you would. That's a transcript of your deposition. And
12 look at page 149. And the pages are a little confusing.
13 There's four on each page.

14 **A.** That's okay.

15 **Q.** And it's actually page 38 in the continuous pagination at
16 the bottom, if that's helpful.

17 **A.** I got it.

18 **MR. DUSSEAUT:** Your Honor, I'd object if it's not
19 being offered to impeach anything.

20 **THE COURT:** Why are you offering it?

21 **MR. NIELSON:** I was going to ask him whether he
22 agreed with it. Perhaps I should ask him whether he agreed
23 with it, first. And then if he doesn't --

24 **THE COURT:** Why don't you ask him the statement --

25 **MR. NIELSON:** Yes, exactly.

1 **THE COURT:** -- without referring to the deposition.

2 **MR. NIELSON:** Right.

3 **BY MR. NIELSON:**

4 **Q.** When you speak of a gay and lesbian person whose intimate
5 relationship has not been granted societal approval, would that
6 include gays and lesbians who are in a domestic partnership?

7 **A.** Yes, in the same sense that I discussed earlier, about the
8 social meaning of marriage versus domestic partnership.

9 **Q.** Okay. Now, let's look at the deposition transcript. It's
10 lines -- page 149, line 16 through 20. And you can continue
11 past that, if you need to, for context.

12 Could you -- you don't need to read it aloud, but
13 could you read that and tell me whether you gave that testimony
14 at your deposition.

15 **A.** Did I give this --

16 **Q.** Did you say this at your deposition?

17 **A.** I don't have an independent recollection, but I read it
18 here and I presume that's correct.

19 **Q.** Okay. And the statement -- the answer you gave to the
20 question today was "yes."

21 And the answer at your deposition was:

22 "No. I describe here -- when I talk about
23 these unions in the sense of the impact on
24 stigma, I'm really not considering domestic
25 partners, domestic partnership. And,

1 admittedly, they have many benefits,
2 including maybe something that you were
3 referring to just recently. But in terms of
4 the impact that I'm referring to here, I
5 wasn't talking about domestic partnerships."

6 And, as you said, you have no reason to think that
7 you didn't give that testimony, correct?

8 **A.** Right. But I'm really not sure what the context of this
9 is and what -- what we were talking about before, so I don't
10 know that it is replicating the question that I just agreed to.

11 But my answer is that, you know, what I just told you
12 is what I still believe. I don't know that that necessarily in
13 any way contradicts that.

14 **MR. DUSSEALT:** Your Honor, if it's being offered for
15 impeachment, could I add additional language in the interest of
16 the rule of completeness?

17 **THE COURT:** Very well.

18 **MR. DUSSEALT:** I'll just read it in, so it's part of
19 the record, as well. This is from page 153, starting at line
20 3.

21 **"QUESTION:** Perhaps domestic partnership is
22 confusing and not well understood. Does it
23 minimize the significance of the
24 relationship?

25 **"ANSWER:** Yes, because, as I explained

1 before, domestic partnership is compared with
2 marriage. It refers to a similar thing. It
3 refers to a couple being together, let's say
4 to a union. And, therefore, when you use
5 'domestic partners,' an obvious comparison
6 would be with marriage. Now, in this case or
7 in any case, really, domestic partnership is
8 offered clearly as a secondary option, not as
9 the most desirable option."

10 **THE COURT:** Very well. Shall we move on,
11 Mr. Nielson?

12 **MR. NIELSON:** Yes, we shall.

13 **BY MR. NIELSON:**

14 **Q.** Professor Meyer, you believe that laws are perhaps the
15 strongest of social structures that uphold and enforce stigma,
16 correct?

17 **A.** Yes. I believe I wrote that.

18 **Q.** Yes. As we've discussed, California recognizes same-sex
19 relationships as domestic partnerships with essentially all the
20 rights of marriage, correct?

21 **A.** Yes, I have to -- again, I have no knowledge of the law,
22 specifically, but I understand that that's the case.

23 **Q.** Are you aware that California law prohibits discrimination
24 on the basis of sexual orientation in housing?

25 **A.** I'll take your word for that. I think I know that, but...

1 Q. Are you aware that California law prohibits discrimination
2 on the basis of sexual orientation in businesses' provisions of
3 services?

4 A. Again, I'm not independently aware, necessarily, of all
5 the legal issues of protection, but I -- I'm aware now that you
6 tell me that.

7 Q. Okay. Are you aware that California law prohibits
8 discrimination on the basis of sexual orientation in
9 employment?

10 A. The same answer.

11 Q. Okay. And I could go on and on. And in the interest of
12 time, I won't. But let me just ask you this:

13 Leaving aside the question of marriage, are you aware
14 of any other state whose laws reflect less structural stigma
15 than California?

16 A. Leaving aside the question of marriage? As I said, I'm
17 not as familiar with the details of the protections either here
18 or in other states, so it's going to be a very -- I cannot
19 answer that.

20 Q. Okay. So the answer is, "I don't know," correct?

21 A. I just cannot answer that. I don't know what the
22 different legal -- I would have to study this and look at this.

23 Q. Understood. Thank you.

24 Now, you talked about Proposition 8 sending a message
25 about the value of gay and lesbian relationships, in your

1 direct testimony. Did you intend by that to offer an opinion
2 about the purposes of the people who drafted or voted for
3 Proposition 8?

4 **A.** No.

5 **MR. NIELSON:** All right. No further questions, Your
6 Honor.

7 **THE COURT:** Very well. Any redirect?

8 **MR. DUSSEAUT:** Yes, Your Honor.

9 **THE COURT:** Mr. Dusseault.

10 **DIRECT EXAMINATION**

11 **BY MR. DUSSEAUT:**

12 **Q.** Good afternoon, Dr. Meyer.

13 **A.** Good afternoon.

14 **Q.** Almost evening, but I'll say afternoon.

15 Just a couple things I wanted to follow up on.

16 Mr. Nielson spent a good bit of time this afternoon talking
17 about your work in minority stress and social stress theory,
18 and the implications of that work with respect to groups, not
19 gay and lesbian individuals but, let's say, racial minorities.
20 Do you recall that?

21 **A.** Yes.

22 **Q.** Okay. Now, is the point of this discussion that you have
23 found in some of the research that certain racial or ethnic
24 minorities, while they experience some stressors as a result of
25 minority status, may not experience the same health effects as

1 a result?

2 **A.** Correct. That specifically with African-Americans, or
3 blacks, in the United States.

4 **Q.** Now, Doctor --

5 **A.** And I should just correct. This is not that I found this,
6 but this is a finding that definitely is in the literature.
7 It's not all my studies empirically, but there are studies -- I
8 found it in the sense that I read about it and so forth.

9 **Q.** Okay. Now, Dr. Meyer, do you have any views as to any
10 differences between, let's say, the African-American minority
11 community and the minority community of gay men and lesbians
12 that might explain some of the differences in terms of the
13 outcomes that flow from stressors?

14 **A.** Well, of course, as I mentioned, the reason we look at
15 differences in the patterns of results is exactly to, as I
16 said, improve our models.

17 And one of the things that we, therefore, analyze --
18 and it's not just me -- it would begin to look at, well, what
19 is different between those two populations that might help us
20 understand the workings of these social stressors.

21 In terms of African-American findings, there are
22 several areas of further study that we're interested in.

23 The first one that is most often advanced is the --
24 and I'm discussing this in comparison to gay and lesbian
25 here -- is that while African-Americans are definitely exposed

1 to racism, in their socialization process, especially earlier
2 on, they are typically exposed to greater benefits of the
3 resources that I described before as coping and social support,
4 for the very simple fact that they typically grow up in black
5 communities.

6 Of course, there might be some unique experiences,
7 but there's evidence that being socialized by your family and
8 educated about racism, being -- taking part in, for example,
9 institutions, black churches that have for, really, decades if
10 not centuries, been in place to combat the effects of racism,
11 all the messages of racism. So as a person growing up and
12 being socialized, an African-American person benefits from this
13 social support affiliation.

14 As I described earlier, regarding gay and lesbian
15 people, that is not how they grow up. Most gay and lesbian
16 people, like most people in society, internalize very negative
17 attitudes, and they do not have along the way access to gay
18 supportive services, and so forth, until a later point where
19 they have already come out and, you know, really made the big
20 step of affiliating themselves with some of the support.

21 So this is one thing --

22 Q. Before you move on, let me be sure I understand this. So
23 in the African-American community, for example, typically, an
24 African-American youth growing up would commonly be surrounded
25 by African-American siblings, parents, grandparents, perhaps

1 community, church friends, et cetera. Is that right?

2 A. Correct.

3 Q. But with gay men and lesbians growing up, they may not
4 have the same community support and socialization support?

5 A. I would say they definitely do not have the --

6 Q. Okay.

7 A. -- those type of -- the equivalent type of support
8 addressing gay and lesbian -- an affirmative gay and lesbian
9 approach. As I said, it's almost -- it's actually the
10 opposite.

11 And many times we found within even families gay and
12 lesbian individuals are shunned or are harmed in many ways,
13 including violence. So it's almost like the direct opposite of
14 the support.

15 THE COURT: Are you talking about African-American
16 gays and lesbians or nonAfrican-American gays and lesbians?

17 THE WITNESS: Thank you, Your Honor.

18 In this comparison, we're comparing the overall
19 African-American nongay with overall white nongay.

20 In a previous response --

21 THE COURT: I see.

22 THE WITNESS: -- we were discussing a different study
23 that looked at gay African-American versus gay white, in which
24 I was talking about the added element of racism.

25 But, as Mr. Nielson pointed out, this finding is also

1 true in the general population, nongay population, where
2 African-Americans also have lower rates. And, therefore,
3 that's why this analogy -- it makes sense in the way that I was
4 answering.

5 **BY MR. DUSSEAUT:**

6 **Q.** But when comparing the gay and lesbian population to the
7 African-American nongay population, your testimony is that
8 there is more socialization and support in the African-American
9 community that may explain a difference in certain outcomes?

10 **A.** Yes. That's one of the differences that may explain.

11 **THE COURT:** More socialization and support among --

12 **THE WITNESS:** Nongay --

13 **THE COURT:** Wait a minute. More socialization and
14 support for African-American gays and lesbians?

15 **THE WITNESS:** Nongay.

16 **THE COURT:** Nongays.

17 **THE WITNESS:** So let me just clarify.

18 We're talking about two different comparisons that
19 are joined only by the general theoretical perspective of how a
20 social stress could affect people.

21 So the analogy here is that African-Americans being
22 themselves, of course, subject to racism should have a parallel
23 finding that we find in the gay versus straight in
24 African-American nongay with white nongay.

25 It's very different, but you expect some kind of a

1 parallel that the stress related to prejudice is affecting
2 them, then it should affect also blacks.

3 And the questions here were, well, why isn't it true
4 for nongay African-Americans versus nongay white where it's
5 true for gay versus straight, regardless of color?

6 So this is really going to a whole different area
7 that is not pertinent, specifically, to what I testified
8 regarding gay and lesbian population. This is expanding
9 towards an analysis of broader sociological theories, and
10 looking at some parallels in the findings across groups and
11 across ideas.

12 **BY MR. DUSSEAUT:**

13 **Q.** Right. And let me clarify. The line of questioning that
14 I want to follow up on now was a line of questioning from
15 Mr. Nielson, suggesting that the -- if the theory of minority
16 stress is taken from the gay and lesbian minority population to
17 the African-American minority population, would you expect
18 exactly the same health outcomes; and does that fact that you
19 might not see the same health outcomes in some way suggest that
20 the model doesn't work.

21 Do you recall that discussion?

22 **A.** Right. And my answer is that it does not indicate that
23 the model doesn't work. It indicates that there are
24 differences in the characteristics of the -- that this is not a
25 perfect comparison.

1 There are differences in the characteristics of race,
2 in terms of blacks versus white nongays, and that from that
3 comparison and the comparison of gay versus straight, a major
4 difference is that blacks are socialized with a lot of -- with
5 a variety of access to support for their race, that comes to
6 counter some of the effects of racism; whereas, gays are
7 socialized with homophobia and without, in their families and
8 original communities, say, access to this -- to a similar
9 gay-related affirmation.

10 **Q.** In some of the exhibits we've seen today, we've seen the
11 term "minority stress" and the term "social stress." Are those
12 the same things?

13 **A.** As I responded to Mr. Nielson, social stress can be maybe
14 thought of as a broader category. And within that, in the
15 African-American comparison, people have talked about racism as
16 stress. In the nongay African-American versus white, people
17 have discussed it as a racism as stress.

18 So I would put it within the general social stress
19 approach, because here we're looking at racism; whereas, in my
20 examples with gay and lesbian versus heterosexuals, we're
21 looking at homophobia and some of the other things.

22 So they're not obviously the same, but there's some
23 theoretical parallel there in the way that you study those
24 different populations, the different comparisons.

25 **Q.** But when you use the term "minority stress" in your

1 research, are you referring, generally, to all minorities, or
2 specifically to gays and lesbians?

3 **A.** No. As I said, minority stress, which is a term that I
4 helped popularize, refers to sexual minorities. And it is
5 almost exclusively used in the literature with reference to
6 sexual minorities and, I would dare say, many times referring
7 to my own articles on that matter.

8 **Q.** And the four processes that we spent a fair amount of time
9 on this afternoon, that embody minority stress, are those
10 processes of general application, or specific to the gay and
11 lesbian population?

12 **A.** Obviously, they are specific to the gay and lesbian
13 population.

14 **Q.** Let me ask about one in particular: concealment.

15 Would concealment be a similarly significant issue
16 when you're talking about the gay and lesbian population, as
17 compared to a racial minority such as the African-American
18 population?

19 **A.** Not -- not at all in the same way, for obvious reasons.
20 Although, the -- the answer is no.

21 There are some instances where somebody may be able
22 to conceal his black identity, but it is -- mostly, we don't
23 think of concealment when we think about the model of racism.

24 **Q.** Let me also ask you, in this comparison of the gay and
25 lesbian minority to the African-American minority, about the

1 issue of structural stigma. And you talked about the role of
2 law.

3 Today in America, are African-Americans subject to
4 legal structural stigma in any way comparable to Prop 8?

5 **A.** Well, obviously, as I said, this will be another
6 difference between the two populations. When I was saying
7 there are several differences, this is a major difference.

8 I believe that, at least since 1964, there are no
9 legal types of racism in the United States. So in terms of the
10 power of the law and the state, there is no endorsement of
11 racism.

12 That does not mean that racism has abated. But,
13 certainly, it is not parallel to what we were discussing today
14 in terms of the structures of the law.

15 **Q.** Is there any racial minority in the United States that's
16 denied the right to marry?

17 **A.** I don't think so. But...

18 **Q.** With this issue of the extent to which a theory of
19 minority stress or social stress applies to, let's say, a
20 racial minority group, does any of the discussion or findings
21 in that area in any way undermine your view that minority
22 stress operates in the lives of gay and lesbian people and
23 adversely affects health?

24 **A.** No. And there's no evidence for that. There's no real
25 challenge in terms of findings that are this -- confirming.

1 Certainly, not all the findings are always perfectly as you
2 would like them, but there's -- majority of the studies done in
3 the field, as I said -- and many of them that I quote -- do not
4 lead me to have doubt in the veracity of what I was testifying
5 to.

6 And the situation with African-Americans, as I said,
7 is of great interest to me, as is the issue around gender; that
8 is, men versus women. It is something that I am very motivated
9 to study. But it is really because of my intellectual
10 curiosity and interest in, as I said, specifying the model
11 better, understanding how do these differences that we were
12 just describing, for example -- and there are others -- how do
13 they play into this causal change that I was describing
14 earlier.

15 So it is of interest, but it doesn't lead me to doubt
16 anything regarding the specific case of minority stress in
17 lesbian and gay men and bisexuals, which has been my work.

18 **Q.** Now, Dr. Meyer, Mr. Nielson asked you a series of
19 questions where he presented you with a hypothesis and then he
20 would ask you whether a particular study or analysis was
21 inconsistent with that hypothesis. Do you recall that?

22 **A.** Yes.

23 **Q.** Is one of the purposes of a study to test whether a
24 hypothesis is true or not true?

25 **A.** That is the purpose of a study.

1 Q. Mr. Nielson also asked you about stigma in domestic
2 partnerships, and he read you some examples of certain rights
3 groups supporting domestic partnerships. Do you recall that?

4 A. Yes.

5 Q. Ask just a couple of follow-up questions about that.

6 Assume, hypothetically, that you have no right to
7 marry for gay and lesbian people, and no right to domestic
8 partnership. Is it your view that gay and lesbian people are
9 stigmatized?

10 A. They're stigmatized as I showed, regardless of this. This
11 is, as I said, an added block in the stigmatization and, I
12 think, a very important and forceful one in the sense that it
13 has the power of the state and all that. But it is not the
14 only stigma, if I understand your question.

15 Q. Hypothetically, if you had a state in which there was no
16 right to marry and no right to domestic partnership, is it your
17 view that that would stigmatize gay and lesbian people?

18 A. Well, I think not having the right to marry would
19 stigmatize them in the same way that it stigmatizes them in
20 this case.

21 Q. And then, alternatively, if in the same state gay and
22 lesbian people are denied the right to marry but they are given
23 a domestic partnership that is valued differently by society,
24 would you view that to be a stigmatic effect as well?

25 A. Of course. In a sense, you're actually making a clearer

1 statement of stigmatization when you have this dual system,
2 because it is not only that you're denying them the marriage,
3 you're also saying this marriage is highly valued and,
4 therefore, you cannot get that part so we're giving you
5 something that we're calling something else.

6 So in some ways you could say, at least in the way
7 that, again, is not in some general way, but you could say that
8 the message is even more severe. But, of course, it's kind of
9 a silly comparison, because I agree.

10 I would say that if the state does not offer
11 marriage, that alone is a stigma. But, certainly, if you have
12 two sides to this, and you're saying you can only get to the
13 back of the bus, that is quite more stigmatizing.

14 Q. Thank you.

15 MR. DUSSEAUT: I have nothing further.

16 THE COURT: Very well.

17 Thank you, Dr. Meyer. You may step down.

18 THE WITNESS: Thank you.

19 THE COURT: And I think we'll perhaps pass on Ms. Zia
20 until tomorrow morning.

21 (Laughter)

22 THE COURT: Is that agreeable to everybody?

23 MR. BOIES: Yes, Your Honor.

24 THE COURT: All right. See you all at 8:30 tomorrow
25 morning.

CERTIFICATE OF REPORTERS

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Friday, January 15, 2010